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ABSTRACT

Presented from the perspective of the vocational rehabilitation counselor, the guide defines the essential elements of vocational evaluation and work adjustment programs and identifies problems experienced by State vocational rehabilitation agencies in obtaining high quality vocational evaluation and work adjustment services. It also provides guidelines to assist vocational rehabilitation counselors to develop a better understanding of the proper utilization of vocational evaluation and work adjustment services. Topics treated in the guide include: (1) mutual relationships, some sources of confusion, and recommending work adjustment; (2) vocational evaluation as an assessment process, beginning with referral for evaluation and ending with service recommendations; (3) work adjustment viewed as a treatment/training process utilizing work or work-related activities; (4) reports as effective communication; (5) key roles and functions of vocational evaluation and work adjustment staff; (6) methods of coordinating and communicating at all levels of responsibility, emphasizing the relationship between the State agency counselor and facility staff; (7) cost considerations; and (8) vocational evaluation and work adjustment checklists summarizing essential conditions, programs, and practices. A selected bibliography is appended. (MW)

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Report from the Study Group on

VOCATIONAL EVALUATION

AND

WORK ADJUSTMENT

SERVICES IN

VOCATIONAL REHABILITATION.

Chairman

David L. Mills
Des Moines, Iowa

University Coordinator

Paul R. Hoffman, Ed.D.
University of Wisconsin - Stout

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The materials in this publication do not necessarily represent the official views of the Rehabilitation Services Administration nor of State vocational rehabilitation agencies. They do, however, reflect an attempt by State vocational rehabilitation workers to explore a significant aspect of their programs to encourage evaluation and stimulate professional growth.

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FOREWORD

Vocational evaluation and work adjustment services have a long history in the field of vocational rehabilitation. It has not been until developments of the last four or five years, however, that these services have received the attention they deserve. Nationally the priority of manpower agencies to serve disadvantaged individuals and enactment of Section 15 of the Vocational Rehabilitation Act (although this Section has never been funded) combined to generate much of this added interest. More recently, proposed Welfare Reform legislation and the enacted Talmadge Amendments recognize merits of these services. Many programs conducted in relation to the DHEW objective of rehabilitating substantially greater numbers of disabled public assistance applicants and recipients utilize such services. All of these developments, in addition to the growth of our general programs, are dramatically increasing demands for vocational evaluation and work adjustment services.

This document establishes basic concepts and provides a resource for better understanding the nature and scope of vocational evaluation and work adjustment services in relation to the total rehabilitation process. It contains very valuable information for both State agency and facility staffs on how to improve the use and effectiveness of these services.

Frederick Sachs
for Edward Newman
Commissioner

ABSTRACT

The key to the proper utilization of vocational evaluation and work adjustment services by the vocational rehabilitation counselor is his ability to select the rehabilitation facility which can provide the programs which most nearly meet the needs of the client. This guide is intended to provide assistance to the rehabilitation counselor in making appropriate selection and use of vocational evaluation and work adjustment programs. The Fourth Institute on Rehabilitation Services developed Guidelines for Organizing Vocational Evaluation Units. This material has been extended to include work adjustment, and is presented from the perspective of the vocational rehabilitation counselor. This guide defines the essential elements of vocational evaluation and work adjustment programs, identifies problems experienced by state vocational rehabilitation agencies in obtaining high quality vocational evaluation and work adjustment services, and provides guidelines to assist vocational rehabilitation counselors to develop a better understanding of the proper utilization of vocational evaluation and work adjustment services.

Vocational evaluation and work adjustment are closely related in the total rehabilitation process and, although they are different processes, are often confused with one another. The chapter on Mutual Relationships discusses some of the sources of confusion and suggests that vocational evaluation is primarily an assessment process which can serve to indicate the treatment or training needed in a work adjustment program.

Vocational evaluation is viewed as an assessment process, beginning with a referral for evaluation and ending with a recommendation for further services needed by the individual. Evaluation is goal-oriented with the goals being developed from comprehensive referral information and awareness of the counselor-client objectives. Guidelines for selecting clients for referral are presented, including the types of information which should be forwarded to the evaluation unit and information on orienting the client for evaluation. The common techniques of vocational evaluation are described and presented in relation to the need for individualized client programing during evaluation.

Work adjustment is viewed as a treatment and/or training process which utilizes work or work related activities. The chapter on work adjustment presents guidelines for referral to work adjustment, and a discussion of some of the common types of programing. An emphasis is placed upon the types of information and services the vocational rehabilitation counselor should expect to receive from a work adjustment unit.

The problem of effective communication between the counselor and the facility can be resolved by effective reporting. The referring counselor should ask specific questions and the facility reports should answer those questions as well as provide other significant information. Both informal and formal reports should present an orderly sequence of facts and interpretations which lead to specific conclusions and recommendations.

The chapter on personnel discusses some of the key roles and functions of vocational evaluation and work adjustment staff. The quality of service provided by the facility is dependent upon both the qualifications of the staff and on the staff-client ratio. Guidelines for qualifications of the various levels of staff in vocational evaluation and work adjustment programs are presented, along with guidelines for staff-client ratios which will permit the delivery of quality services.

The provision of effective vocational evaluation and work adjustment services to clients involves a number of mutual responsibilities between the state rehabilitation agency and the rehabilitation facility. These mutual responsibilities exist at a number of levels. Methods of insuring coordination and communication at all levels are discussed, with an emphasis upon the need for communication and coordination between the state agency counselor and the facility staff, both of whom come in direct contact with the client.

The mutual responsibilities between the state rehabilitation agency and the rehabilitation facility extend into the areas of cost and payment for services. Rehabilitation facilities should be prepared to document the cost of each service and to distinguish between the costs of production and rehabilitation. At the same time the state rehabilitation agency should be prepared to provide payment based upon the actual costs of the service and not expect the facility to subsidize services to state agency clients out of other funds.

The final chapter pulls together many of the points made in this guide in the form of two checklists, one for vocational evaluation and the other for work adjustment. The checklists summarize the conditions, programs, and practices generally considered essential for quality vocational evaluation and work adjustment services. These checklists can be used by state facilities specialists to develop facility directories, by rehabilitation counselors to determine whether a facility can meet the needs of an individual client, and by rehabilitation facilities for self-evaluation and program improvement.

PREFACE

The purpose of the 1972 IRS Prime Study Group III was to develop materials to be used in training counselors and other rehabilitation personnel in the effective selection and utilization of vocational evaluation and work adjustment services in rehabilitation facilities. The difficulties inherent in attempting to define and structure concepts as complex as vocational evaluation and work adjustment services were quickly realized at the Prime Study Group III organizational meeting. Members of the Prime Study Group called upon their experience, previously written materials, and group discussion in preparing the rough draft for presentation to the Full Study Committee at the Annual IRS Meeting in Minneapolis. The Full Study Committee came prepared to critique, and they provided the Prime Study Group with valuable suggestions for improvement of this document.

A document of this nature required the contributions of many dedicated and knowledgeable people. Recognition should be given to the following individuals for their major writing contribution to each chapter:

Chapter I	Introduction - Loerance Deaver and Ted Witham Definitions - Paul Hoffman
Chapter II	Paul Hoffman
Chapter III	James Vail
Chapter IV	Darrell Coffey
Chapter V	Robert Mayes
Chapter VI	B. Doug Rice
Chapter VII	Herb Gragert, Harry McGuire, and Louis Stephens
Chapter VIII	Mike Dolnick
Chapter IX	Ray Sankovsky

Behind the scenes of each chapter are hard working support staff. Valuable assistance in researching previously written materials was provided by Warren Birch, Graduate Assistant at the University of Wisconsin - Stout. Jean Barnard of the Iowa Rehabilitation, Education, and Services Branch provided the notes and valuable taping of the organizational meeting. The definitions were

developed by Paul Hoffman with the assistance of the staff of the Department of Rehabilitation and Manpower Services, especially that of Dennis Dunn. Much of the clerical and liaison activities were provided by Susan McNamara and Yvonne Kutcher, and the final editing was done by Dennis Dunn and Sharon Reynolds, all with the University of Wisconsin - Stout.

The Prime Study Group recognized the impossibility of creating a document acceptable to everyone. Rather, it developed a basic document to be read, discussed, and critiqued. Most of all, it developed a document to be used for the purpose of developing a better understanding and utilization of vocational evaluation and work adjustment services in rehabilitation facilities. It is a document intended to stimulate the reader into functional activities which could improve, update, and adapt the vocational evaluation and work adjustment services provided to each state rehabilitation agency. No greater tribute can be paid to the effort and dedication shown by the Prime Study Group and the Full Study Committee than the transfer of the material in this document into action.

David L. Mills, Chairman
Prime Study Group III

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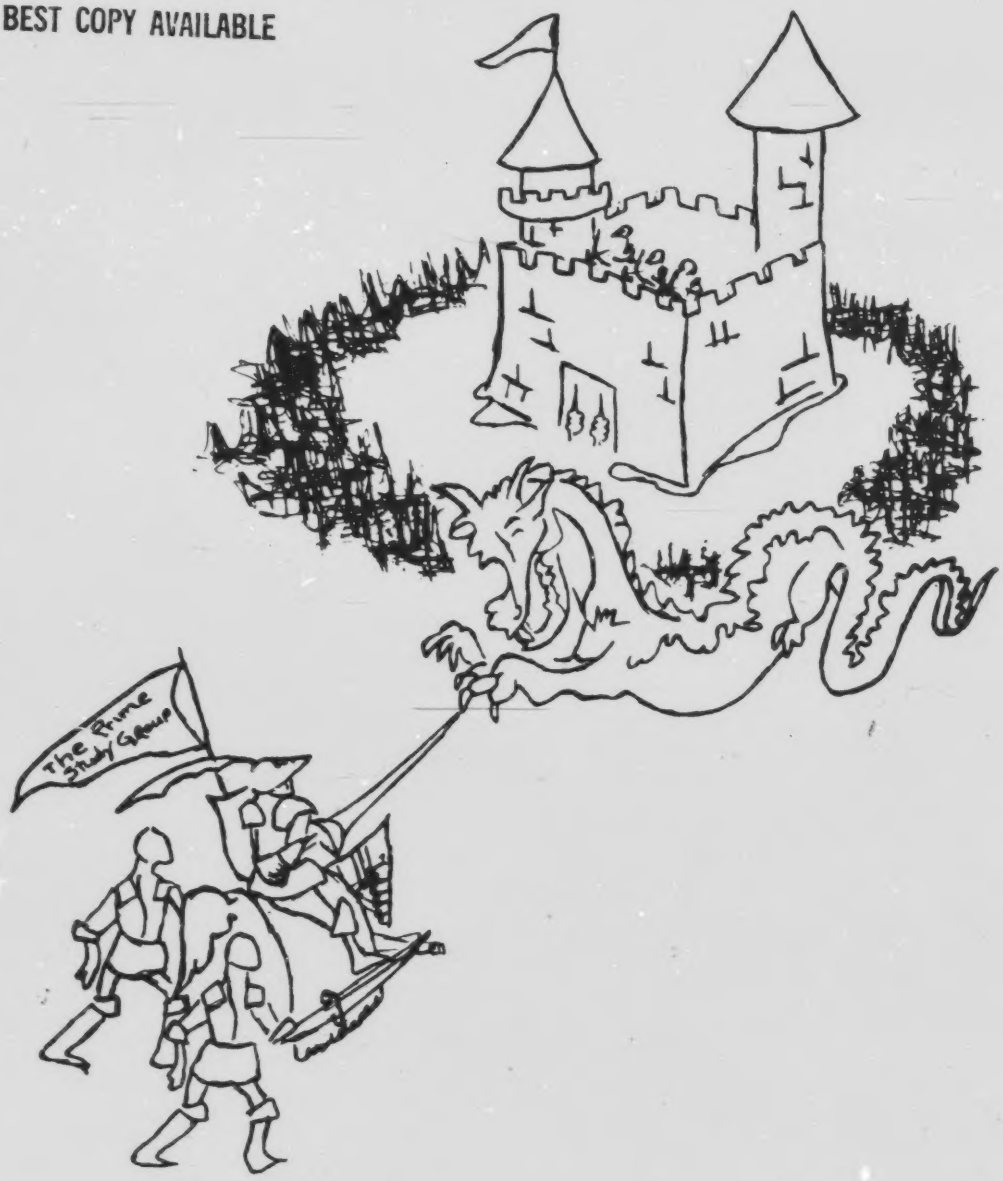

"THE CHARGE WAS COMPLICATED BY SEVERAL FACTORS..."

CHAPTER I

INTRODUCTION

Vocational evaluation and work adjustment programs are important components of the rehabilitation process. Their potential, particularly as related to the newer client populations now being served by the State/Federal VR Program, has not been developed to a level which is inherent within the conceptual basis of evaluation and work adjustment.

If the potential of work adjustment and vocational evaluation is to be achieved, more than just recognition of their inherent value is needed. Equally essential is the understanding by the counselor of the components of a good program, what can or cannot be reasonably expected from the programs, and the criteria by which to identify and appropriately use the facility.

The key to the proper utilization of services by the counselor is the degree to which he is able to select that facility which can provide the program having the capability to deliver those evaluation and adjustment services which will most nearly meet the client's unique requirements. This substantial responsibility, placed upon the counselor at a crucial stage in the rehabilitation process, requires not only a sensitivity to the client's needs but an understanding of facilities and their programs and services.

The Fourth Institute on Rehabilitation Services in 1966 dealt with the subject of Vocational Evaluation and developed "Guidelines for Organizing Vocational Evaluation Units" (HEW, 1966). The need at that time was to assist facilities in their development of evaluation units. The efforts of this study group are intended to provide a linkage with the previous document and to assist the VR counselor in making appropriate selection and use of vocational evaluation and work adjustment programs.

To accomplish this, the following charge was accepted by the study group:

1. To identify problems experienced by State VR Agencies in obtaining or providing high quality vocational evaluation and work adjustment services from rehabilitation facilities.

2. To delineate the essential elements of vocational evaluation programs.

3. To outline the fundamental components of work adjustment programs.

4. To provide guidelines that will assist VR Agencies to better understand vocational evaluation programs and services.

5. To provide guidelines that will assist VR Agencies to better understand work adjustment programs and services.

The charge was complicated by several factors. Primary among these was the lack of clarity and uniformity in the terminology used to describe the program concepts of vocational evaluation and work adjustment. The first task undertaken by the Prime Study Group was the development of a set of definitions for vocational evaluation and work adjustment which would adequately portray these services as they are provided in contemporary rehabilitation practice.

DEFINITIONS

Vocational evaluation and work adjustment have no commonly accepted definitions. There are many definitions for both concepts. In addition, there are other terms which are interchangeably used for both vocational evaluation and work adjustment. The terms as defined in this document follow. Each definition is broken down into its components with an explanation included. It will be noted that vocational evaluation and work evaluation are used as equivalent terms.

Vocational (Work) Evaluation:

Vocational (work) evaluation is a comprehensive process that systematically utilizes work, real or simulated, as the focal point for assessment and vocational exploration, the purpose of which is to assist individuals in vocational development. Vocational (work) evaluation incorporates medical, psychological, social, vocational, educational, cultural, and economic data in the attainment of the goals of the evaluation process.

1. "Vocational (work) evaluation..." This equates the two terms and indicates that they can be used interchangeably. The fact that the word "vocational" is used first and outside the parentheses indicates that it is the preferable term.

2. "... is a comprehensive process..." Vocational evaluation is not a singular or simple process, but it is truly a comprehensive one. The comprehensiveness of the process will be illustrated in this document.

3. "... that systematically utilizes work, real or simulated, as the focal point..." The difference between vocational

evaluation and other evaluative processes, such as psychological testing, is the fact that work, real or simulated, is the focal point for evaluation. It does not eliminate the factor that vocational evaluation also utilizes some psychological tests, biographical data, etc. If vocational evaluation is to be a separate entity, it must be different from other types of evaluation. That difference is in work, either real or simulated. The word "systematically" in the definition indicates that there is a formal process in evaluating, through the utilization of work, real or simulated.

4. "... for assessment and vocational exploration..." Vocational evaluation assesses such factors as vocational strengths and weaknesses (personality factors, aptitudes, interests, dexterities, work habits, physical tolerance, etc.) and also assists the individual in vocational exploration. That is, it provides not only the evaluator with information about an individual, but when utilized properly, can help an individual learn about himself and explore vocational opportunities. The individual is assisted in the process of matching his potentials, interests, etc., with various vocations and learning the requirements and rewards of those vocations.

5. "... to assist individuals in vocational development..." Vocational evaluation may work with groups, but the emphasis is on the individual. The goal of vocational evaluation is to assist an individual to reach his maximum vocational development.

6. "... Vocational (work) evaluation incorporates medical, psychological, social, vocational, educational, cultural, and economic data to assist in the attainment of the goals of the evaluative process." Earlier definitions have stated that vocational evaluation was a process of medical, psychological, social, vocational, educational, cultural, and economic evaluation. This interpretation required the involvement of professionals or experts in various areas. Here the definition states that vocational evaluation incorporates data from these areas as part of the vocational evaluation process. This is what the psychologist or social worker does, for example, with data from the medical field when he makes an evaluation in his respective professional area. The difference may, at first glance, seem subtle. However, it is a crucial point in definition and process. In this definition, the vocational evaluator may incorporate data collected by other professionals. In the old definitions, specialists are required from the various areas to conduct an evaluation appropriate to their professional areas.

Work Adjustment:

Work adjustment is a treatment/training process utilizing individual and group work, or work related activities, to assist individuals in understanding the meaning, value and demands of work; to modify or develop attitudes, personal characteristics, and work behavior; and to develop functional capacities, as required, in order to assist individuals towards their optimum level of vocational development.

1. "Work adjustment is a treatment/training process..." The dual concept treatment/training indicates that in some situations work adjustment is a treatment process, while in others it is a training process. For example, when the procedure to modify working behavior utilizes reward as the change agent then the process can be classified as a treatment process. On the other hand, when work behavior is being changed or instilled through the use of instruction, the process is a training process. It would also be a training process when films were being utilized in work adjustment.

2. "... utilizing individual and group..." This phrase indicates that the situations which are utilized for work adjustment can be both individual and group. Thus, the treatment/training process might be with one particular individual in a work type of activity, or it might be with a group of individuals.

3. "... work or work related activities..." Work activities are actual work situations, whether they occur in a sheltered workshop, some other type of vocational rehabilitation facility, in the community, or elsewhere. The situation may or may not involve remuneration for the work, but often does. Work related activities involve such things as the use of films related to the world of work, videotape activities, role playing around work related problems, etc. The use of work or work related activities separates work adjustment from other adjustment processes.

4. "... to assist individuals..." Work adjustment may involve groups. As indicated earlier in the definition, the emphasis is on assisting the individual.

5. "... in understanding the meaning, value, and demands of work..." Work adjustment has a number of objectives, as indicated by this definition. The first of these listed is to understand the meaning, value, and demands of work. Until an individual is able to do so, he is severely hampered in vocational development.

6. "... to modify or develop attitudes, personal characteristics, and work behavior..." Work adjustment is

concerned with modifying or developing these factors according to individual needs. This part of the definition reflects the fact that, with some individuals, it may be a matter of modifying current attitudes, personality factors, and/or work habits, while in other individuals (such as a retarded person who has never worked), it may be concerned with developing appropriate attitudes, personal characteristics and/or work behavior.

7. "... and to develop functional capacities..." The word here might be "physical capacities" rather than "functional". The concept implied is that work adjustment is concerned with helping individuals to develop the physical capacities and physical tolerance necessary for work, with the emphasis on the capacity to function at work.

8. "... as required..." This short phrase indicates that work adjustment is concerned with factors only as they are required in order to assist an individual in vocational development.

9. "... in order to assist individuals toward their optimum level of vocational development." This last part of the definition recognizes that not all individuals will be capable of complete economic self-sustainment and that individuals will vary in the level of vocational development. It indicates that the goal of work adjustment is to assist the individual towards his optimum level of attainment.

REFERENCES

National Citizens Advisory Committee on Rehabilitation, Department of Health, Education, and Welfare. A report on rehabilitation services, Washington, D.C., 1968, 47, 49, 51-60.

Smits, S. J. (Ed.) Training manual of the national institute on the interdependency of rehabilitation facilities, workshop and state agencies. Proceedings of a national institute sponsored by Rehabilitation Services Administration, Department of Health, Education, and Welfare. University of Maryland, 1967.

U.S. Department of Health, Education, and Welfare, Vocational Rehabilitation Administration. Guidelines for organizing vocational evaluation units: A training guide. Fourth Institute on Rehabilitation Services, Washington, D.C.: U.S. Government Printing Office, 1966.

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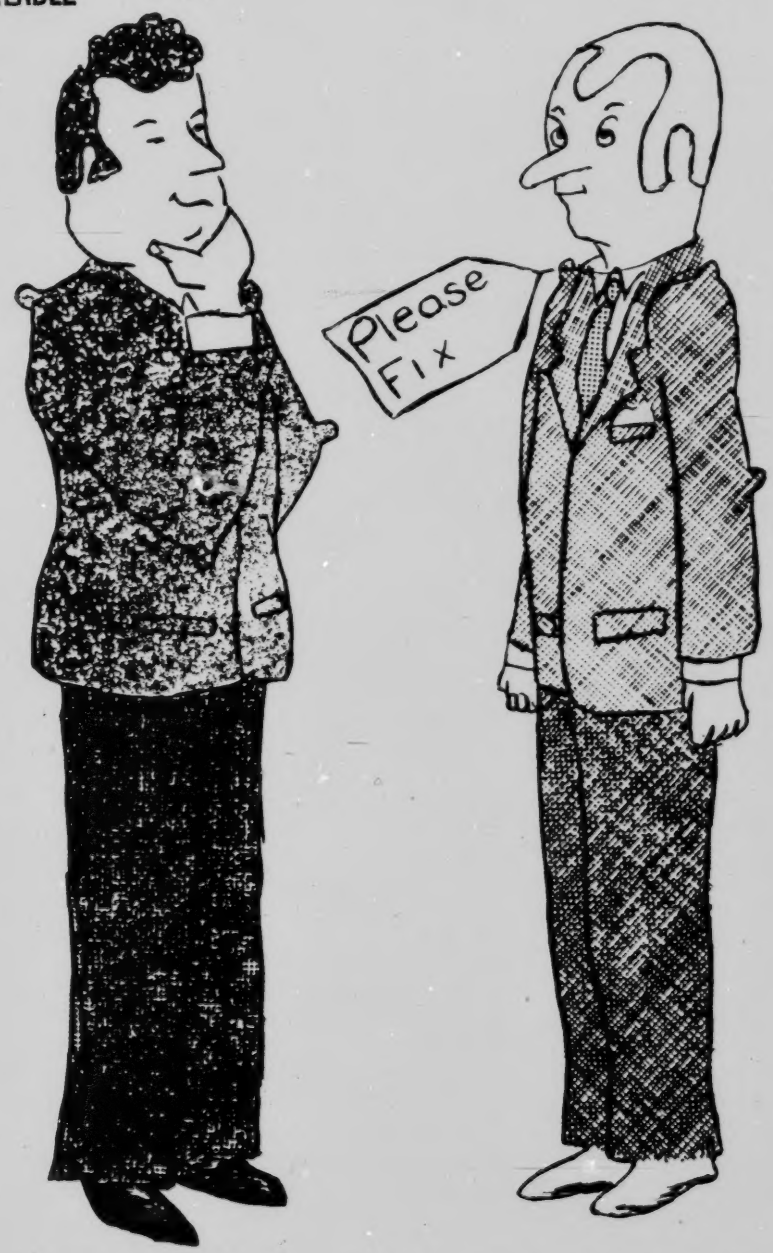

TOO OFTEN A CLIENT IS REFERRED TO WORK ADJUSTMENT WITH A SIMPLE REQUEST...

CHAPTER II

RELATIONSHIPS

Although vocational evaluation and work adjustment are different processes they are closely related in the total rehabilitation process. An understanding not only of the two processes, but of their relationship, will facilitate a counselor's ability to judge the quality and effectiveness of programs offered by rehabilitation facilities.

SOURCES OF CONFUSION

There are rehabilitation facilities which fail to carefully delineate the differences between vocational evaluation and work adjustment services. Some facilities will even maintain that they are not separable and are conducted concomitantly. This failure to be able to distinguish between the two programs appears to be due to three main sources of confusion: (1) similarities between the two processes, (2) the fact they are not mutually exclusive, and (3) the evaluative process within work adjustment programs.

The fact that there are similarities between vocational evaluation and work adjustment leads some people to the conclusion that the two processes are equated. Leshner (1970) and Barton (1970) noted that both are concerned with the same behavioral variables, with difficulties encountered in the work situation, are undertaken in a realistic work environment, and involve a counseling process. However, while noting similarities, they also stressed differences that separate rather than equate vocational evaluation and work adjustment. They stated that vocational evaluation and work adjustment do deal with the same behavioral variables, but that vocational evaluation is concerned with a wider range of these variables. They further noted that the two processes are administered differently and are usually perceived differently by clients. It may also be stated that a comprehensive vocational evaluation program tends to utilize a greater number of work stations.

The second cause of confusion is often created by the fact that vocational evaluation does take place during work adjustment and work adjustment during evaluation. Hoffman (1971, p. 20) wrote:

> "Although work (vocational) evaluation and work adjustment are different processes, they are not necessarily mutually

exclusive. Work evaluation does and should go on during work adjustment, and adjustment does and should occur during work evaluation. Observation and notation of behavior significant to vocational development should be made when occurring during the work adjustment process. By the same token, a work evaluator would be doing a disservice to a client if, during work evaluation, he failed to take advantage of an opportunity to effect positive change in a client. It is the situation where no difference is made between the two processes that leads to inherent danger of ineffective programs. The two processes are not mutually exclusive, but they are separate entities. During work evaluation the emphasis should be on assessment and during work adjustment on treatment."

The final cause for confusion appears to stem from the fact that there is an evaluative process in work adjustment. This evaluative process tends to be confused with vocational evaluation itself; however, they have different objectives. The objective of vocational evaluation is to assess a wide range of factors and to make recommendations for rehabilitation. Such recommendations may include: (1) direct placement; (2) education; (3) on-the-job training; (4) work adjustment; (5) placement in such programs as extended sheltered employment, work activity, or day care; or (6) not feasible for continued vocational rehabilitation services. The objective of the evaluation process during work adjustment is to: (1) observe behavior and performance, (2) determine progress towards the goals of the adjustment program, and (3) recommend needed changes, or termination, when work adjustment is completed. Factors noted during work adjustment may be significant to further programing after work adjustment, but this does not negate the primary focus of this particular evaluative process, nor does it equate vocational evaluation with work adjustment.

RELATIONSHIPS

It has been established that vocational evaluation and work adjustment are separate but related processes. There are a number of significant factors in this relationship.

Objective and Scope

Vocational evaluation and work adjustment are related in that both are concerned with human behavior, functional capacities, and vocational development. However, in relation to human behavior, vocational evaluation is concerned with a broader range of behavior than work adjustment. This is one of the main differences that separate the two processes into distinct entities.

Vocational evaluation is concerned with the assessment of both vocational strengths and weaknesses, while work adjustment is primarily concerned with vocational weaknesses, even though to a limited degree. Vocational evaluation deals with vocational

strengths and weaknesses relating to skills, dexterities, attitudes, interests, personality factors, work habits, performance rate, and physical tolerance. Work adjustment is indicated only where change or development is required. It is mainly concerned with such factors as work habits, performance rate, personality factors related to work, and physical tolerance. If, for example, the determined vocational weakness is primarily a lack of skill, then the treatment would be vocational training. If the weakness was reading skill then the treatment would be remedial education.

To claim that work adjustment is concerned with a narrower range of human behavior than vocational evaluation is not to imply that it is less complex. Nor does it imply that a less qualified person is needed to conduct work adjustment.

Time Sequence

Whereas vocational evaluation has assessment as a primary objective, treatment or training is the primary objective for work adjustment; it then follows that assessment should precede the adjustment process.

Too often a client is referred to work adjustment with a simple request for work adjustment services. This is not an effective procedure. It leads to hit-or-miss work adjustment programs which are too often effective despite the program and not because of it.

As Campbell and O'Toole (1971) indicate in their monograph, the type of work adjustment program required depends upon the work adjustment problems and behavior to be changed. Use of production charts or wage increase might be employed to overcome lack of work confidence. Praise or role playing might be used to improve self-esteem. A planned program of specific reaction by the work adjustment counselor may be used to treat a particular personality problem. Techniques of treatment are not exclusive to particular problems; however, without an identification of the problem, a planned program of adjustment cannot be undertaken.

It is necessary not only to identify the problem or behavior to be changed, but also to determine the degree to which the maladaptive behavior exists. What is the base line of maladaptive behavior? It is not sufficient to state that a worker is distracted from his work. How often is he distracted? Does he look away, does his attention wander; or does he walk away? For example, if he walks off, how often does he do so? The assessment program should also attempt to determine what goal should be set for developing adaptive behavior.

The completion of an assessment prior to work adjustment does not mean that in every instance all problems will be determined at this time. However, it does mean that the key work adjustment problems will be identified and a basis provided for developing work adjustment programs.

Staff

Some rehabilitation facilities conduct only vocational evaluation or work adjustment; however, the majority attempt to offer both. When both processes are offered the more effective rehabilitation facilities maintain separate staff who interact closely but who have separate responsibilities. This reduces role confusion on the part of clients and staff. However, not all facilities can afford separate staff, and dual roles must be played. In such a case it is ever more important for the facility to carefully delineate its programs. There needs to be evidence that the staff involved in the dual role are able to discern which hat is being worn when they are conducting vocational evaluation and work adjustment. Competencies of the staff for conducting both vocational evaluation and work adjustment must be clearly shown.

Physical Space and Equipment

Some rehabilitation facilities conducting both vocational evaluation and work adjustment maintain a complete separation in space and equipment. On the other extreme are rehabilitation facilities which utilize exactly the same physical space and equipment for both processes.

There is a problem in rehabilitation facilities which maintain no separation of physical space and equipment. Without at least a partial separation it is difficult for clients to identify which process they are in. This in turn affects their attitudes and frame of reference, factors which are important to both vocational evaluation and work adjustment.

Rehabilitation facilities which offer no separation in physical space and equipment will, for the most part, be limited in their vocational evaluation program. They will not be able to conduct a comprehensive vocational evaluation program which requires a large number of work stations related to many vocational areas. Such rehabilitation facilities will tend to be capable only of evaluating behavioral variables, functional capacities, a few skills, and other limited variables. They will be restricted in evaluating such variables as interest, aptitudes, and skills for a wide range of occupations.

Programs Within a Facility

When a rehabilitation facility maintains both vocational evaluation and work adjustment programs, neither one should have status over the other. Each program should be an established program within the facility with qualified heads who report to the same level of authority. In addition, the rehabilitation facility should be able to: (1) show an operational chart for the facility indicating where vocational evaluation and work adjustment fit into the total program; (2) indicate how each program is carried out in relation to intake, establishing a client's program, and terminating a program; and (3) describe the relationship of both

vocational evaluation and work adjustment without blending them into inseparable entities.

Relationship in Total Rehabilitation Process

The relationship of vocational evaluation and work adjustment in the total rehabilitation process was described by Hoffman (1971). The chart developed by Hoffman is reproduced below. The term "work evaluation" used in the original chart has been changed to "vocational evaluation" in this chart.

A word of explanation is in order for reading the chart. The rectangular boxes represent processes, such as vocational evaluation, work adjustment, and training. The diamond shaped boxes represent decision points. If the question is answered in the positive, then the next appropriate step is in the direct direction of the Y. If the answer is in the negative, then it is in the direction of the N. Y stands for "yes" while N stands for "no."

The first question to be considered in vocational evaluation is whether or not an individual is generally employable. The factor of general employability is dependent upon the degree of development of social factors, work personality, work methods, work habits, physical tolerance and basic academic skills. If a client is found to be generally employable, then specific employability factors are assessed and the individual referred for schooling, on-the-job training, or placement. If the individual is not generally employable, then referral to a program for behavior change is required to overcome the vocational weakness. This referral to a program of behavior change is shown by the arrow labeled "no," leaving the "generally employable" box.

After it has been determined that an individual is not generally employable, the first question asked is whether or not the individual's social development is sufficient for vocational development. Lack of social development will be encountered mainly with the mentally retarded. If social development training is required, it is provided at this point. If this is not the problem, or if the problem has been alleviated, the individual is then referred to the treatment process required, such as (but not limited to) counseling, work adjustment, basic academic education, or a combination of all four. After referral to one or more of these latter processes, the question of general employability is again asked. If the individual is still not generally employable then alternatives of referral to a special treatment program or sheltered employment, work activity, day care or institutionalization must be considered and decided upon. If the individual has been brought to a level of general employability, the need for further evaluation for specific employability factors must be determined. In many instances where an individual is not generally employable, it is impossible to adequately assess specific employability factors until necessary behavior changes have been made, and the individual should be referred to work

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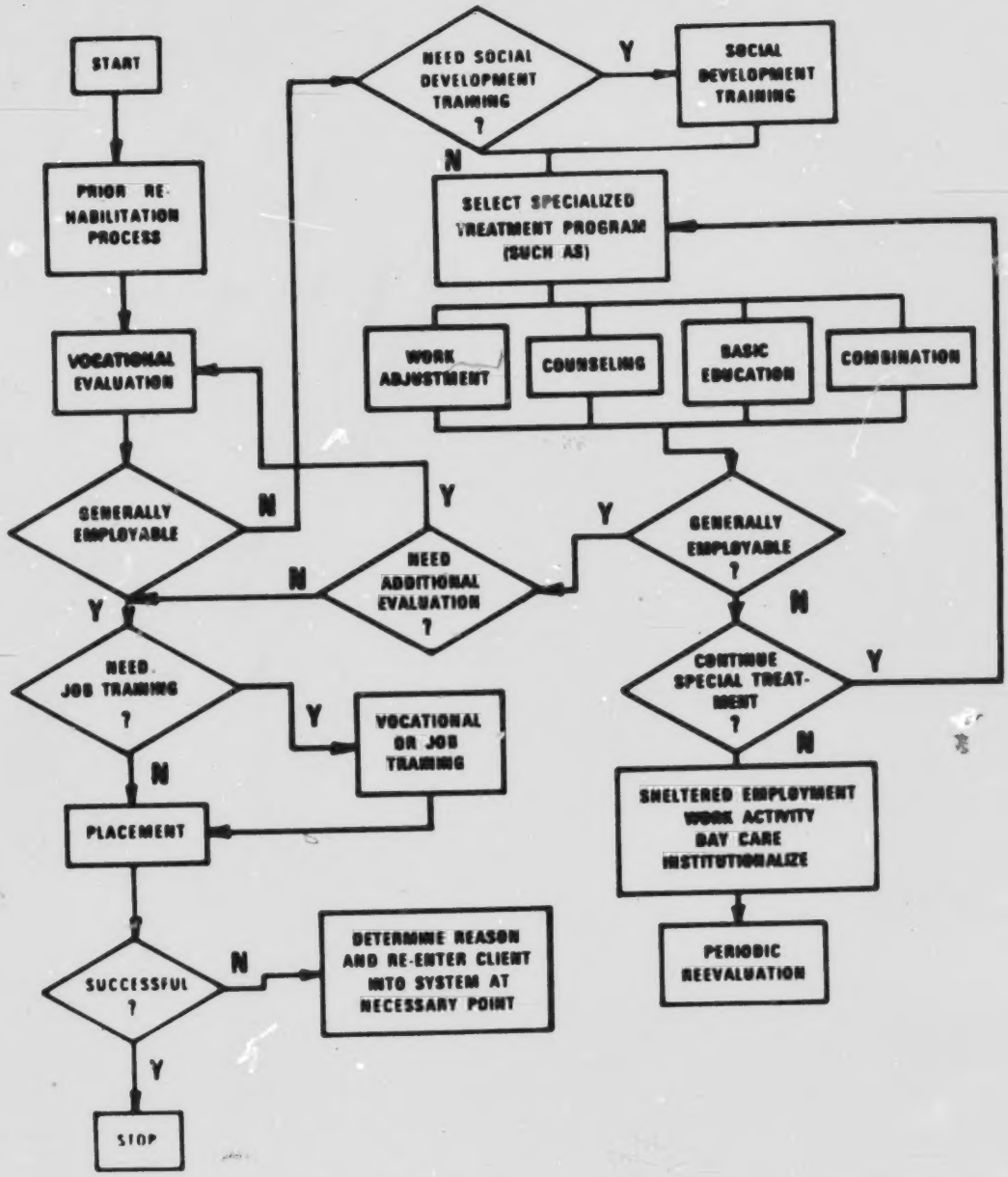

RELATIONSHIPS OF VOCATIONAL EVALUATION, WORK ADJUSTMENT, AND THE REHABILITATION PROCESS

evaluation. If additional information is not required, the individual is referred into processing for training or direct placement.

RECOMMENDING WORK ADJUSTMENT

This chapter has stressed the need for assessment prior to work adjustment in order to refer only those individuals who need and can profit from work adjustment. Prior assessment also facilitates better programing for a client in work adjustment. In relation to prescribing work adjustment, it is stated in Chapter V on Reports that: (1) the evaluation report should be specific in delineating variables needing change, and (2) a base line of maladaptive behavior should be established.

There is one problem not uncommon to rehabilitation counselors who work with rehabilitation facilities that conduct both vocational evaluation and work adjustment. This is the problem of the facility referring the majority of clients from its vocational evaluation to its work adjustment program. In such a situation the rehabilitation counselor should first examine the clientele he refers to the facility. It may be that all clientele are severely handicapped, low level in potential, and/or lacking in general employability factors. Many facilities have a legitimate complaint when they say: "All the counselor ever refers are very low level clients, and then he wonders why we refer them to work adjustment." However, if this is not the case, then the counselor needs to confer with the staff of the facility and carefully explore the problem. If the counselor still feels that the facility is referring too many clients to its own work adjustment program he must take other action. One such action might be to refer some clients to a vocational rehabilitation facility that conducts only vocational evaluation, if such a facility is available. This will enable the counselor to determine if his clients can be referred to programs other than work adjustment when vocational evaluation is complete. If such a facility is not available and there are questions as to the validity of referrals to work adjustment, then an outside expert should be brought in to examine the situation. This can be done through the Technical Assistance Program of the Rehabilitation Services Administration. Information on this program is available from the vocational rehabilitation agency of each state.

REFERENCES

Barton, E. Vocational evaluation and work adjustment. Journal of Rehabilitation, 1970, 36(1), 35-37.

Campbell, J. L. and O'Toole, R. A situational approach. Journal of Rehabilitation, 1971, 37(4), 11-13.

Hoffman, P. R. Work evaluation and adjustment: The relationship. Journal of Rehabilitation, 1971, 37(4), 19-22.

Leshner, S. The relationship of work evaluation to work adjustment. Journal of Rehabilitation, 1970, 36(1), 32-34.

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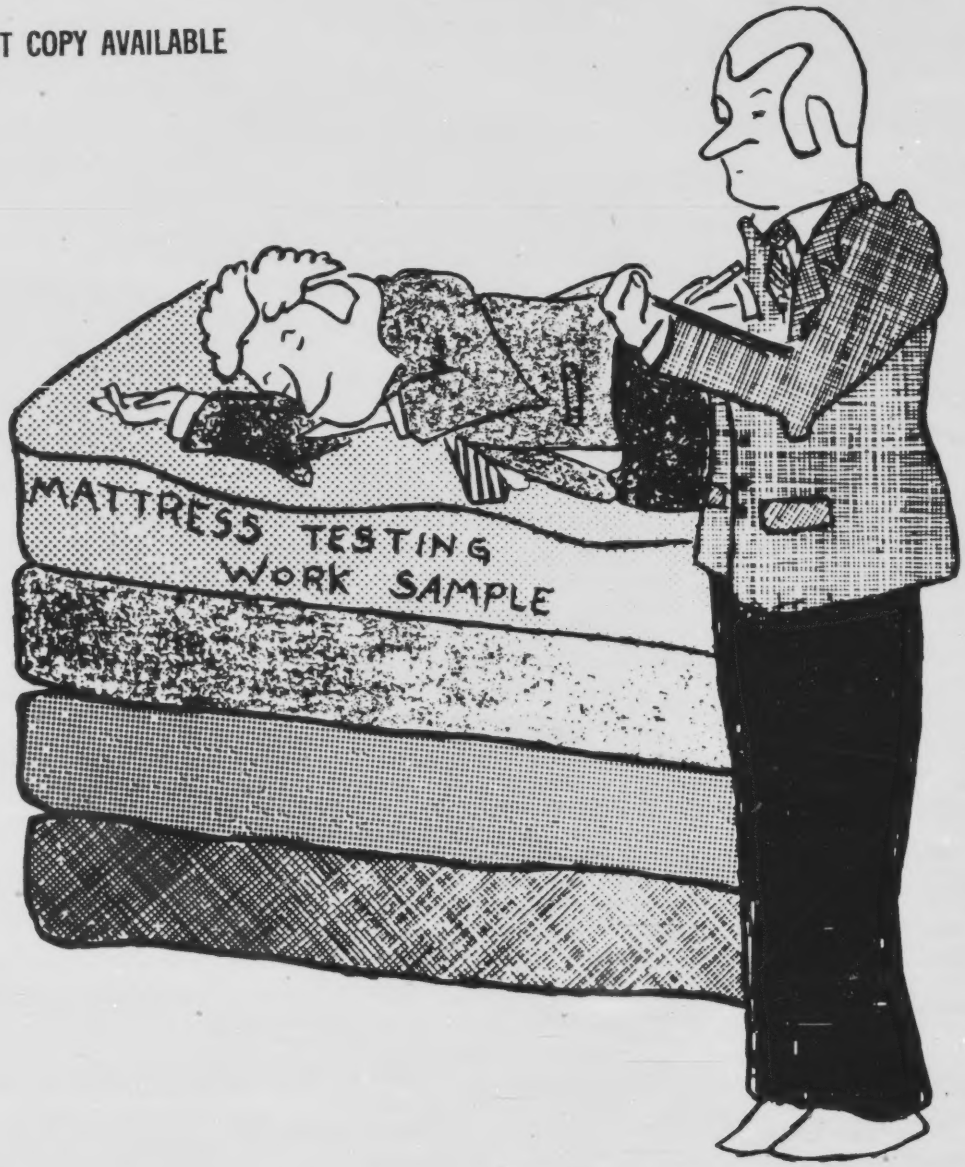

OBSERVATIONS DURING WORK SAMPLES CAN PROVIDE AN INDICATION OF AN INDIVIDUAL'S ABILITY TO PERFORM

CHAPTER III

VOCATIONAL EVALUATION PROCESS

Vocational evaluation is a process which begins with the referral of a client to a facility for services. It proceeds through the major steps of intake and orientation, individual programing, evaluating, diagnosing, recommending a treatment plan and follow-up. The counselor should be knowledgeable of the procedures and involved in the various steps which require the referring person's full or partial participation.

INTAKE AND ORIENTATION

The referring counselor should provide, or make provision for, referral data. While each state has policies and procedures for referrals, the material should minimally cover counselor objectives, client objectives and personal data. The counselor and client objectives provide questions which are basic to the outline of client evaluation goals. The referring counselor should state his objectives, which include either general or specific questions. Client objectives should include expressed interests, limitations, and assets for future planning, e.g., family status, ability to travel or relocate. Complete admission data is desired by the facility to avoid duplication of investigation on personal data by the evaluator. Inclusion of full data prevents feedback of information which is previously known to the referring counselor. Referral information should include reports or observations regarding medical and psychiatric factors which are vocationally limiting; emergency medical information; psychological information describing intellectual and emotional factors; levels of achievement and aptitudes; and social information which may reflect on work performance, such as education, home, school or job problems.

The rehabilitation facility should have a written procedure for admission. The criteria for the procedure is to admit only those clients whose needs are consistent with the services provided. The pre-admission procedure of each facility will differ, and these guidelines should be made known to the referrring counselor. The facility criteria probably will include such factors as a stabilized medical condition and the control of social behavior so that a client will not disrupt programing for other clients. The facility should have a pre-admission committee, or person, to review the referral data. It is desirable that the referring counselor attend the pre-admissions proceedings, if possible.

Notification to the counselor of acceptance or rejection is an important communication step. Such notification should usually indicate the acceptance and starting date. There may be a deferment until receipt of additional information or clarification of certain referral information. On occasion a client referral may need to be rejected. In such cases correspondence should include the stated reasons and, if known, alternate plans. The facility should share responsibilities with the referring counselor on procedures of scheduling and informing the client of acceptance.

Initial orientation is begun prior to the starting date through preparation of the client by the referring counselor. Orientation in the rehabilitation facility is an essential service and must be provided according to the unique needs of the client. The first day of vocational evaluation should include a formalized orientation program. Someone should be available to greet each new client. The group of new persons should be given an overview of what is to follow. This might include use of audiovisual materials, followed by a tour of the facility. Individual intake interviews by the facility staff are the final orientation step. Among the areas covered should be goals and methods of vocational evaluation, facility services, specific rules and regulations, safety, hours, allowances and remuneration, introductions, and travel. Follow-up orientation must be provided to those persons still in need of additional assistance.

PROGRAMS OF SERVICE

Rehabilitation facilities generally utilize the following techniques of vocational evaluation: work samples, situational assessment, psychological testing or a job tryout approach. While the facility might emphasize one approach or technique, it is desirable that it has available two or more of the techniques in order to evaluate disabled and disadvantaged individuals. Each approach or technique has common characteristics. Each must rely on the vocational evaluator as an observer and interpreter of behavior and work habits. Each technique has assets and limitations which require the use of at least one, and often most, of the approaches to evaluate a client in view of his individual needs. The availability or the emphasis of the techniques used will be largely determined by the program dimensions of the rehabilitation facility. Dimensions include factors, such as whether the facility is in-patient or out-patient, a community or governmental agency, whether or not it provides service to multiple or single disability groups and has a medical or vocational orientation; and the scope of the supportive staff available to the evaluator. Each technique should be utilized selectively to individualize evaluation services. The four basic work evaluation techniques are as follows:

Work Sample

A work sample is a close simulation of an actual industrial task, business operation or a component of an occupational area. It can be utilized by the evaluator to determine an individual's work aptitudes and ability to function within a variety of related vocational areas, while providing the client with the direct feedback relative to his performance in these areas. Hence, this information gathering and feedback process includes aspects of vocational exploration. The client becomes involved in self-assessment and modification of self concept through feedback and the interpretation of performance provided by the evaluator.

In some cases work samples are taken directly from a job and represent the actual work processes, including the duties, equipment and tools of that area. Some samples are created by an evaluator and are not directly extracted from a job but still simulate the tasks which approximate available community jobs or specific jobs not previously represented. Other job samples are designed to measure an isolated trait or combination of traits inherent in several jobs or job groups. Batteries of work samples are available to facilities. The best known batteries are the TOWER system, the Jewish Employment and Vocational Service (JEVS) system and the SINGER/Graflex system. Rehabilitation facilities may utilize one or more batteries and/or a variety of locally developed work samples which meet their specific needs. The work samples usually cover areas ranging from simple routine jobs to those involving more complex demands. These samples might represent such occupational areas as service, technical, clerical, commercial, industrial, mechanical, processing, bench work, structural, and graphic arts.

The work sample results can indicate job tryouts and situational tasks that would be most appropriate and meaningful for a more specific evaluation, hence specific occupations. Observations of client performance during work samples can provide other types of information, such as an indication of an individual's ability to perform within the limits of a structured situation. Such information may not be available from other sources.

The major assets of work samples include: the practical, hands-on experience of work samples; the immediate and direct feedback to the client in terms of performance and vocational exploration; allowance for personal involvement to a significant degree; the high degree of approximation to work and the concrete, meaningful nature of the tasks, and the performance aspects which lead to more effective measurement of clients with verbal limitations.

Limitations of work samples include: the expensive nature of developing, maintaining and administering work samples; the need to continuously reconstruct and standardize samples; and the fact that some client groups, such as the adult offender, may perceive transparency and reject the relevance of simulated tasks.

Situational Assessment

Behavior observation is stressed in the situational technique of evaluation. The client is placed in a vocational situation that will elicit specific behaviors which the evaluator wishes to measure. It should be noted that there are numerous situations which can be utilized to observe behaviors. Work samples, too, are vocational situations but might be employed for broader measurements, such as productivity and aptitudes. The client at lunch, at home, on the bus, etc. is in situations which have vocational relevance and elicit specific behaviors. Situational assessment in vocational evaluation is usually carried out in the rehabilitation workshop or industrial vestibule.

Like the work sample approach, situational assessment is based on an effort to simulate actual working conditions. Whereas the orientation of the work sample is toward the assessment of specific work skills, the orientation of the situational approach focuses on what is called "the general work personality": the meaning of work to the individual, the manner in which he relates to persons on the job, his attitudes to supervisors, peers and subordinates, and the roles he finds congenial to play. The basic aim of situational assessment is to restructure the ordinary workshop setting so that certain important features of unprotected employment are more closely simulated (Neff, 1968).

Situational tasks confront the client with physical and mental demands of work and offer an opportunity for behavior observation and measurement. Many critical vocational behaviors, which might not otherwise be displayed, are elicited and operate simultaneously during situational assessment. The evaluator interprets the work behavior to the client so that the client may modify his self concept. The client is encouraged to change his habits through appropriate reinforcement to prepare him for either work adjustment or an actual work situation. Behavior rating forms are generally used by the evaluator to note significant behaviors and to help in interpreting their vocational significance.

The assets of the situational assessment approach include the opportunity for the evaluator to interact in the situation and interpret the behavior responses that are elicited, and for the client to express himself vocationally within a realistic, but protected, environment.

A limitation of this technique often includes the replication of only a small range of jobs and situations that the client may encounter in employment. In addition there are limitations in the current scientific technology of situational analysis.

Psychological Testing

Psychological testing, if properly used, can assist the vocational evaluator in his understanding of each client. Psychological testing might be conducted prior to the referral for evaluation,

during the initial or later stages, or following the evaluation as an additional resource in planning the client's vocational goals. The testing component might be completed in the rehabilitation facility or through outside resources. Testing can include a battery of tests or selected psychometric instruments, according to the needs of the client. The tests most frequently used are those which assess intelligence, aptitude, achievement, interest, personality, dexterity, and level of adjustment.

Psychological tests can assist in the overall evaluation program by providing objective measures of the client's abilities or limitations. Testing results may suggest appropriate and meaningful evaluation tasks and procedures. They can also provide supplementary information to support or negate evaluator observations or reports obtained from outside resources. Psychological testing is a relatively quick, inexpensive, and objective technique to determine the client's general abilities and limitations.

The referring counselor should be aware of the limitations of psychological testing. Limitations include some inappropriate norms or significant data applicable to the severely disabled or the disadvantaged populations; the irrelevance of most test instruments to the actual job situation; emphasis on maximum functions rather than average; the anxiety provoking nature of most test situations; and the lack of indices of fatigue or motivational changes.

Job Tryout

Placement of the client in existing vocational training programs, occupations in the community, or in the facility usually constitute the job tryout. Job tryouts are designed to provide the vocational evaluator with an indication of the client's ability to contend with the realities of the job or training program in question. The utilization of a work station in an institution or in a rehabilitation facility to observe general work behavior is not considered a job tryout technique. The goal in using the work station, then, is for situational assessment of the client's work behaviors or general skills, rather than to determine his actual aptitude for that particular job.

The job tryout is utilized to assess the client's total capacity to function in a previously determined real work situation that is consistent with his specific vocational goal. The results would be supplemental information provided by a supervisor or instructor whose major function and responsibility is outside the realm of vocational evaluation.

The assets of the job tryout include the direct relationship of the task to a specific occupation which is considered appropriate. The realistic nature of the client's experience in a training program or in work which exists in the community labor market is directly related to a potential vocational plan. While the

opinion of an outside resource is an asset, it may be a limitation in that the foreman or instructor's reaction may not be typical of competitive supervision. Other limitations include the lack of available job tryout sites and the amount of coordination required to maintain effective job tryout evaluation.

INDIVIDUAL CLIENT PROGRAMING

The accumulation of client data allows the facility staff to establish the initial plan of objectives and goals. While the client's program is in progress, the facility staff utilizes both informal and formal staffings to revise or maintain the client's goals. The basis of a good vocational evaluation program lies in the continuity and integration of the services. The manner in which these services are planned and coordinated in each client's case determines the value and efficiency of that particular evaluation.

Pre-planning

The initial plan is formulated on the basis of the individual needs of the client as determined by the available data. This plan is initiated in the pre-admissions process and verified during the intake interview. The goals established will vary and might include evaluation of the client's aptitudes, interests, work personality, attitudes and work habits. The objectives might be to verify and validate known information, predict the client's potential, or help him to understand himself through vocational experiences and vocational counseling. When goals and objectives are formulated, including the special requirements of the handicap(s), the vocational evaluator can then schedule the client, utilizing one or as many of the vocational evaluation techniques as are available in the agency.

As previously noted, there are numerous techniques for evaluation, and each has its limitations and assets. The scheduling will be in terms of matching the needs of the client with the assets of the available technique. The entry point in a procedure should not be the same for each client. For example, not all clients should begin evaluation in psychological testing. The client should be changed from one assessment to another according to his needs and not maintained in a component beyond his ability to be assessed at that activity. The selection of the assessment components is the basis of the individualized program.

Staff Conferences

Communication in evaluation is crucial to the efficient operation of the program of services. In smaller units the total staff may attend the conference, while in larger units only a portion of the total staff might produce the most effective staffing. Methods of conducting staff conferences vary among the rehabilitation facilities.

Staff conferences should vary according to the particular needs of reviewing each client's progress, program, and potential. Staffings are both formal and informal. Each facility should notify the referring counselor of the formal staff conference schedule. Frequent, often daily, informal conferences go on between the facility staff members in order to maintain ongoing appraisal of events in the client's program. Informal staffing by phone with the referring counselor helps to maintain effective communication for the same reasons. Immediate problems or emergencies will often result in an informal staffing. The final staffing is usually formal and is held at a regularly scheduled time so that the referring counselor may attend. This staffing may have the goal of determining the initial recommendation for a treatment plan. The referring counselor is a key person in the formal and informal staffings. As such, he should involve himself as a member and utilize the staffings to monitor the client's program. The communication between the rehabilitation facility and the referring counselor, and among the facility staff, is a primary vehicle for individualizing services to the client.

RECOMMENDATIONS AND FOLLOW-UP

The results and recommendations are developed during the program of evaluation and are formalized in the final report. The final step--the recommendation for future rehabilitative services and alternatives--comprises the main content of the evaluation report to the referring counselor.

The recommendation is usually prognostic in nature and requires follow-up information to determine the predictive value of the vocational evaluator's decisions. The facility staff should share responsibilities with the referring counselor on procedures of follow-up. Follow-up is essential to the ongoing assessment of the effectiveness of the facilities' vocational evaluation program.

REFERENCES

Neff, W. S. Work and human behavior. New York: Atherton Press, 1968.

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THE REFERRING COUNSELOR SHOULD BECOME FAMILIAR WITH THE PROCEDURES THAT ORDINARILY OCCUR IN WORK ADJUSTMENT

CHAPTER IV

WORK ADJUSTMENT PROCESS

Work adjustment is a systematic treatment/training process utilizing individual and group work or work related activities to assist individuals to understand the meaning, value and demands of work; to modify or develop attitudes, personal characteristics and work behavior; and to develop functional capacities, as required, in order to assist individuals toward their optimum level of vocational development.

Referring counselors and work evaluation facility staff regularly face the difficult problem of selecting the appropriate work adjustment facility for their clients. This difficulty stems from the facts that: (1) many objectives and programs have varied names and hazy definitions, (2) client objectives and procedures to attain these objectives are often unclear and (3) staff training and functions are inconsistent. The above definition should help remedy the first of these difficulties, while a study and understanding of work adjustment facilities and their programing will help to remedy the other difficulties. The referring counselor and facility specialist will need guidelines to help make this study; some guidelines and program evaluation procedures follow.

The study of the facility offering work adjustment services should cover: (1) the overall purpose and objectives of the program; (2) the accumulated knowledge, skills, training and team makeup of the work adjustment staff; (3) techniques and procedures available to staff and clients in the facility; (4) adequacy of staff training, objectives, time and caseload; and (5) review and feedback that can: (a) help to move the facility and clients toward objectives, and (b) help to evaluate programing prior to developing new directions and objectives as needed for both the client and the facility.

The referring counselor, in evaluating the work adjustment facility, will need to consider the fact that the facility may not be able to provide, or not need to provide, a comprehensive program of client services. It is far better that a facility provide a few key services of quality rather than many poor quality services. The basic program will revolve around work and focus on improved work behaviors and functioning. This will include services of counseling on and about work and the job, and the change of work and work related behavior. The trend and need, however, in work

adjustment programing is to add the minimal concomitant services of: (1) personal adjustment focusing on the client's personal problems which hinder or prevent him from functioning effectively in work or work related activities; (2) social adjustment which focuses on improving the ability of the client to relate to others; and (3) physical conditioning which focuses on helping the client to increase work related physical tolerances and functioning.

Other related programs may also be found in a rehabilitation facility and should be evaluated by the referring counselor in the same way that the work adjustment program is evaluated, by looking at program and client objectives, procedures and staff in the light of client needs and changes.

INTAKE AND ORIENTATION

Intake and orientation in work adjustment necessitates there being a high level of easy communication between the referring counselor, the facility specialist, and facility staff; the counselor and his client, and the facility staff and the client. The client entering work adjustment will be the least well informed of the three, so it will be the responsibility of the counselor and of facility staff members to initiate and maintain client communication on a meaningful and respectful level.

First contact, however, will be between facility work adjustment staff and key DVR staff which will include the counselor and facility's specialist. This should be a get-acquainted and general discussion meeting to determine the overall work adjustment needs of the DVR counselors for their clients and to help the facility set up programing objectives, staffing, techniques, and activities that will enable the facility to meet these needs.

Contact with a client, or with a family about a specific client, will ordinarily be initiated by the referring counselor after he has studied the client, or information about the client, and is familiar with facility objectives and programing; the counselor will be aware that his client has needs or limitations that will create problems for him in the labor market. If the counselor is aware of community resources, he will also know that his client cannot or has not responded appropriately to easier and/or more economical community training of adjustment techniques. A detailed facility service manual describing program objectives, procedures and staffing is helpful to the referring counselor at this point and will help assure that appropriate services will be available and selected for a client. Given this situation, the counselor may decide to refer the client to a work adjustment program.

The referring counselor and the work evaluator regularly face the problem of whom to refer for work adjustment services. Two

broad general questions can be helpful in deciding whether or not to refer a client for work adjustment: (1) is this client's functioning or behavior such that he would experience serious adjustment problems in the labor market, even with selective placement, and (2) does it appear that this functioning or level of behavior can be changed?

The referring counselor's objective at the time of referral will be to facilitate the transition to employment of this vocationally handicapped person. Focus of the referring counselor will be on improving the client's ability to secure and hold appropriate employment and adapt to the job or to function more effectively on the job. General objectives of facility staff with each client in work adjustment will be to work systematically, and primarily on-the-job, in helping the client to: (1) identify and study his problems in vocational behavior and functioning, (2) make realistic plans and decisions about vocational and related behavior change and functioning, (3) initiate action that will promote client change to improve his employability and job satisfaction.

Adequate referral information about a client referred work adjustment will save facility staff and client time and help the client to attain or maintain a high level of motivation for work adjustment services. It is highly desirable that referral information include as much of the following as possible:

1. Vocationally limiting and emergency medical information.

2. Psychological information describing intellectual, verbal, performance, emotional, achievement and aptitude problems and levels of functioning.

3. Social information describing situations that may reflect on work performance, e.g., education, home, school and/or job problems.

4. Vocational evaluation information describing:

    a. Vocational interests, strengths and weaknesses.

    b. Long and short range work and training goals.

    c. Vocational problems that may be difficult to change and should therefore likely be circumvented.

    d. Specific vocational and vocationally related problem areas, stated in behavioral terms (Mager, 1962), that have need and potential for change.

    e. Vocationally relevant target behaviors stated in objective, observable, positive, measurable, behavioral terms.

f. Suggested work adjustment or conditioning techniques that appear to have good potential for bringing about desirable change.

Entrance criteria will vary from facility to facility, depending upon stated objectives of the facility, staff availability and competence, facility caseload and work availability. Some general client entrance criteria are:

1. There is ample reason to believe that a client cannot function or adjust adequately in suitable employment because of physical, psychological, social, cultural, or vocational problems. This information will come from the referring counselor and the work evaluation information and recommendations.

2. Vocational and related social problems are not amenable to other less expensive approaches in vocational problem solving, such as vocational counseling.

3. Physical problems have reached a point of stability so that a client is able to look beyond his immediate physiological needs toward physical and/or behavioral growth needs.

4. Clients having unstable or medical problems will be under medical supervision.

5. Control of social behavior is such that a client will not disrupt programing for other clients or be a danger to himself.

In a facility that has both vocational evaluation and work adjustment programs, screening for work adjustment will occur over a period of time during work evaluation and even during early work adjustment. Screening will then involve identifying client problems and determining whether or not the facility and its staff are prepared to help a client in the solution of these problems. Identification of client problems will occur primarily during the client's work evaluation. However, the referring counselor should have some input into this since he will likely already have identified client problems from contacts with previous employers, the client's family, and from the client himself.

More specifically, client problem areas that can be handled effectively in work adjustment are:

1. The client demonstrates anxiety or discomfort when under supervision.

2. The client experiences difficulty in accepting and profiting from instruction or criticism.

3. The quality of work is below minimum industrial standards.

4. The client has difficulty understanding, accepting, or acting in the role of a worker.

5. Productivity is below minimal industrial standards.

6. The client does not socialize positively, appropriately, or adequately with co-workers.

7. The client does not cooperate adequately with others on work tasks.

8. Interpersonal relations are inadequate or inappropriate.

9. The client responds inappropriately to unpleasant jobs or to unpleasant aspects of jobs.

10. The client experiences difficulty communicating with his supervisor.

11. The client experiences difficulty in organizing his work effectively.

12. The client does not present a good self-image to others.

13. The client experiences difficulty in the family, community and neighborhood.

14. Social pressures or factors in the home or community reduces client job or training effectiveness.

15. The client lacks strength, stamina or physical capacity to work at appropriate jobs or tasks. (Adapted from Research Utilization Laboratory, 1971)

The screening committee and the referring counselor should sit down together where possible and look at the client and his referral information in the light of these factors.

Screening of work adjustment clients may be by a committee which meets weekly and matches client problems and needs with facility programing and capabilities. For efficiency, this committee should be relatively small and made up of two or three people who are aware of aspects of human behavior, the labor market, community services and services offered by the facility. A larger committee may want to sit in review of clients about whom there is a question of acceptance. This larger committee will use the same entry criteria as the smaller committee but it will be made up of staff from each major professional discipline in the facility.

If the screening committee accepts the referred client, the decision should be cleared with the referring counselor, if he has not been in attendance, and the client contacted by the counselor. An acceptance letter from the facility should follow

the counselor's contact with the client about his acceptance. This acceptance should be brief but should: (1) indicate starting date and time for arrival, (2) indicate probable length of programing, (3) give details of dress, housing, and meals, (4) explain how to get to the center and (5) briefly explain what will happen at the facility.

If the client is rejected by the screening committee, and the referring counselor has not been present, the counselor should be notified by the facility program director and given a clear explanation for the rejection. The counselor should then contact the client to prudently explain the rejection.

Orientation to the work adjustment program provides an opportunity to gain rapport with clients and to make the work adjustment more meaningful and effective. Information given in orientation can help to get the client involved because he feels the enthusiasm of the work adjustment staff and because the relationships of work adjustment programing to his end goal of optimal job placement and adjustment have been made obvious to him. Orientation starts with the referring counselor and is continued by facility staff even before the client arrives at the facility. The referring counselor, as much as possible, should assist in this orientation, for in doing so he will get to know the client better, will make the client's task easier, and will help to make the work adjustment program more effective. Orientation should inform clients of day-to-day information such as facility rules, hours of work, break periods, lunch, smoking rules, use of the time clock, safety, fire and emergency procedures, supervisors and supervision, off-limit areas, problem areas and pay. A client handbook covering these same topics in detail is essential in orientation, although it must also be explained in either group or individual sessions.

PROGRAM OF SERVICES

Work in and of itself may have a beneficial effect for clients; however, work alone cannot be considered work adjustment. There must be, in addition, clearly stated general program objectives, specific written client objectives and appropriate work adjustment procedures which are planned by behaviorally trained and/or medically trained consulting or supervisory staff and mediated by skilled work adjustment technicians.

Work adjustment services in a rehabilitation facility have as an overall goal the modification or change of client behavior and/or physical and mental functioning relevant to improvement in seeking, holding and/or adjusting to a job (Baker & Sawyer, 1971). The referring counselor will, however, understand that there are numerous factors over which the work adjustment staff often has little or no control, so that adjustment counselors and referring counselors need to work around these factors, e.g., the labor market, client motivation, home and family pressures, geographical limitations, client age, etc.

The choice and effectiveness of a behavioral change approach will depend greatly upon the philosophy, objectives, structure and support offered by the facility and its management. Discussion with the director of the facility and a study of general facility objectives will help indicate to the referring counselor how well this has been achieved.

A description of the work adjustment program must be available to the referring counselor and should include:

1. A printed statement of program purpose describing, in practical language, the reasons for and aims of each part of the program.

2. Specific objectives written in behavioral language for each work adjustment client. These objectives will suggest work adjustment procedures that will help to move clients toward specific goals. Objectives for clients and for facility programing must be clear and lead to specific action by the individuals responsible and involved. This means that each objective must include:

   a. A description of action to be taken.

   b. An object of the action.

   c. The expected results of the action.

   d. The time span over which outcomes are expected.

   e. Measurable characteristics.

   The factor "measurable characteristics" is important in work adjustment because there are so many client and situational variables which may stymie a particular work adjustment procedure. Procedures that may be quite effective for one client may be completely ineffective with another client who, on the surface at least, appears to have similar problems. With a careful watch kept on measured client characteristics, it is possible to quickly detect change or lack of change and follow up with other procedures.

   It is important to know when a client is making satisfactory progress. This may be measured by comparing measurable client characteristics with (1) industrial standards and (2) the client's own level of functioning at the beginning of work adjustment. Industrial standards are sometimes difficult to obtain, or it may be difficult to relate client performance in one work adjustment area to standards in a related industry or business. A comparison of a client's progress with his own performance at the beginning of his work

adjustment is easier and will often be less traumatic to many as they begin work adjustment. To facilitate this comparison initial performance must be measured and this used to establish a base line against which to compare later performance. Base lines must be established for each client objective where change action is planned.

An important tool in measurement which can be used is a graph that will quickly and pictorially show to staff, referring counselor and client the change, its direction, and its amount.

3. Curriculum or program outlines developed to fit the content and structure of the educational part of the work adjustment program. Each outline must contain:

   a. Purpose, with specific behaviorally stated objectives.

   b. Course content material.

   c. Procedures for attaining the listed objectives.

   d. Lesson plans describing, at a glance, topics or subject areas for each session or objective. The lesson plan should state the objective of each session, materials needed, content or subject matter, suggested methods and activities and means of evaluating effectiveness of the content, methods and progress of the student.

   Because of the complexity of client problems, there must be a team of professional people available to help in planning the work adjustment of clients. The team should include at a minimum medical, psychological, social, educational and vocational workers with other specialists available as needed.

The effectiveness of a work adjustment procedure with a specific client will vary with the client problem, the training of the work adjustment staff and the relative pressures and influences operating in and on the client. This means that, although the clients may appear to have similar problems, completely different procedures may be required in bringing about improved work adjustment. The work adjustment staff should, for this reason, be people with training in social learning, cultural differences (especially as they concern work), theories of personality, and techniques of changing behavior.

The work adjustment staff must be a very flexible one, thoroughly trained in work adjustment philosophy and numerous work adjustment procedures so that it can assist clients to cope, grow and develop vocationally. It is essential that there be enough flexibility in staff and the program to hold a client and to move him toward vocational objectives; at the same time, the program needs adequate

stability so that clients will be able to settle into desirable patterns of work and work related functioning.

Some of the more common work adjustment techniques are individual counseling, including stand-up or on-the-job guidance and counseling, group counseling and discussion, behavior modification, social adjustment training, personal adjustment training, role playing, job modification, modeling, contingency contracting and desensitization. Expertise in most of these areas must come from intensive study and supervised practice. For this reason facility management has a responsibility for either hiring adequately trained staff in these areas or hiring and utilizing trained consultants for weekly supervision. Referral counselors also have responsibility at this point: (1) they should help in stabilizing facility caseload and thereby in stabilizing facility staffing, and (2) they should not ask a facility to offer services for which staff lacks competencies or time to handle.

Staff conferences in work adjustment will be concerned with client progress and planning. Staff conferences may be any one of three kinds: (1) informal or immediate, (2) client scheduling (semi-formal) or (3) formal. The informal or immediate conference will be unscheduled and will occur at the time a client's immediate problems become critical. This conference will ordinarily be held in private near the work area and will consist of involved, key people who are available. Such a conference may be called to handle emergencies, such as overt disruptive behavior, conflicts of interests or behaviors, obvious misplacements, discipline and the like. The client scheduling conference will involve in-house staff who will review each client's program and progress or lack of progress toward specific client objectives and set up program plans for the near future. If client progress has stopped, facility staff will recommend a formal conference. The formal conference will include all professional staff involved with the client. They will review client progress, client programing, and change of program. The referring counselor or his representative should try to attend and participate in the formal conference.

INDIVIDUAL CLIENT PROGRAMING

Selecting the most appropriate procedures and programing for a particular client will be dependent upon several factors: (1) client needs, (2) the number of clients with similar needs, (3) the structure and system already operational in a facility, (4) the orientation and training of staff responsible for procedures, and (5) availability of tools, materials and work at the moment of client need. The referring counselor, being aware of these factors, may find that at times he can select or refer clients that fit better into the work adjustment program.

The referring counselor also should become familiar with the thinking and procedures that ordinarily occur in work adjustment

with a client. He will then be better able to pre-orient the client concerning what may happen at the facility and provide significant feedback to facility staff. The thinking of the work adjustment staff can be guided by a topical outline, and such an outline should also be of value to the referring counselor. The outline could be developed from wishes, practices, and biases of the local labor market; from physical medicine recommendations for conditioning and/or from sources such as Krantz's list (1971), which includes details of critical vocational behavior for job objectives, job seeking and job keeping.

Structuring is essential for effective learning and for work adjustment; some steps have been suggested to be followed in any and every type of adjustment (work, social, personal) or training:

1. Identifying and describing the problem in behavioral language (not diagnosis or interpretation). These problems should be listed and evaluated as to their vocational relevancy, observability, changeability and measurability.

2. Setting measurable behavioral goals. Goals will be set to overcome problems or to help clients reach optimal levels of functioning important in adjustment to work. These goals too should be listed and evaluated according to the factors listed in number one above.

3. Contingency analysis (behavioral maintenance). What is planned to reduce undesirable behaviors or performance and what rewards are planned to bring about and maintain desirable behavior or functioning.

4. Training breakdown and sequencing. This involves setting attainable and compatible short term goals and listing appropriate procedures.

5. Consistent and easy feedback to the client and staff.

6. Program modification to meet the needs of clients or a specific client (Baker & Sawyer, 1971).

Very helpful in steps five and six is the graphical presentation of client progress toward goals compared to initial (base line) behavior or functioning. Specific details for making this structure functional are the responsibility of the work adjustment staff in the facility. The referring counselor should, however, be able to ask incisive questions about this. He should be aware of these steps in relation to his client, for many times it will be possible to offer valuable input for any or all of these steps.

PROGRAM EVALUATION

Continual program evaluation is a key to quality work adjustment programing. Clear, behaviorally stated objectives, expressed in measurable outcomes for both clients and the facility work adjustment program will help to make for more effective evaluation.

Graphical presentation of measured client behavioral or functional change over a period of time has been found to be an excellent way to show individual progress. Client work adjustment reports should be structured and presented to counselors so that the counselor is able to easily see this progress. Such graphical presentation will be valuable in both monthly and critical-point client reports.

Similar graphical presentation of degree of attainment of facility rehabilitation program goals will also be valuable in studying the overall work adjustment program. This total program evaluation will, however, be over a longer period of time and will be influenced by numerous and less easily controlled outside factors. For this reason the program evaluators may need to be far more imaginative in studying program progress in making realistic recommendations to improve future work adjustment programing.

REFERENCES

Baker, R. J. and Sawyer, H. W. Adjustment services in rehabilitation: Emphasis on human change. Auburn, Alabama: Auburn University, 1971.

Bandura, A. Principles of behavior modification. New York: Holt, Rinehart, and Winston, 1969.

Krantz, G. Critical vocational behavior. Journal of Rehabilitation, 1971, 37(4), 14-16.

Mager, R. F. Preparing instructional objectives. Belmont, California: Fearon Publishers, 1962.

Research Utilization Laboratory. Manual for observation and client evaluation in workshops. Chicago: Jewish Vocational Services, 1971.

Ullman, L. P. and Krasner, L. (Eds.) Case studies in behavior modification. New York: Holt, Rinehart, and Winston, 1965.

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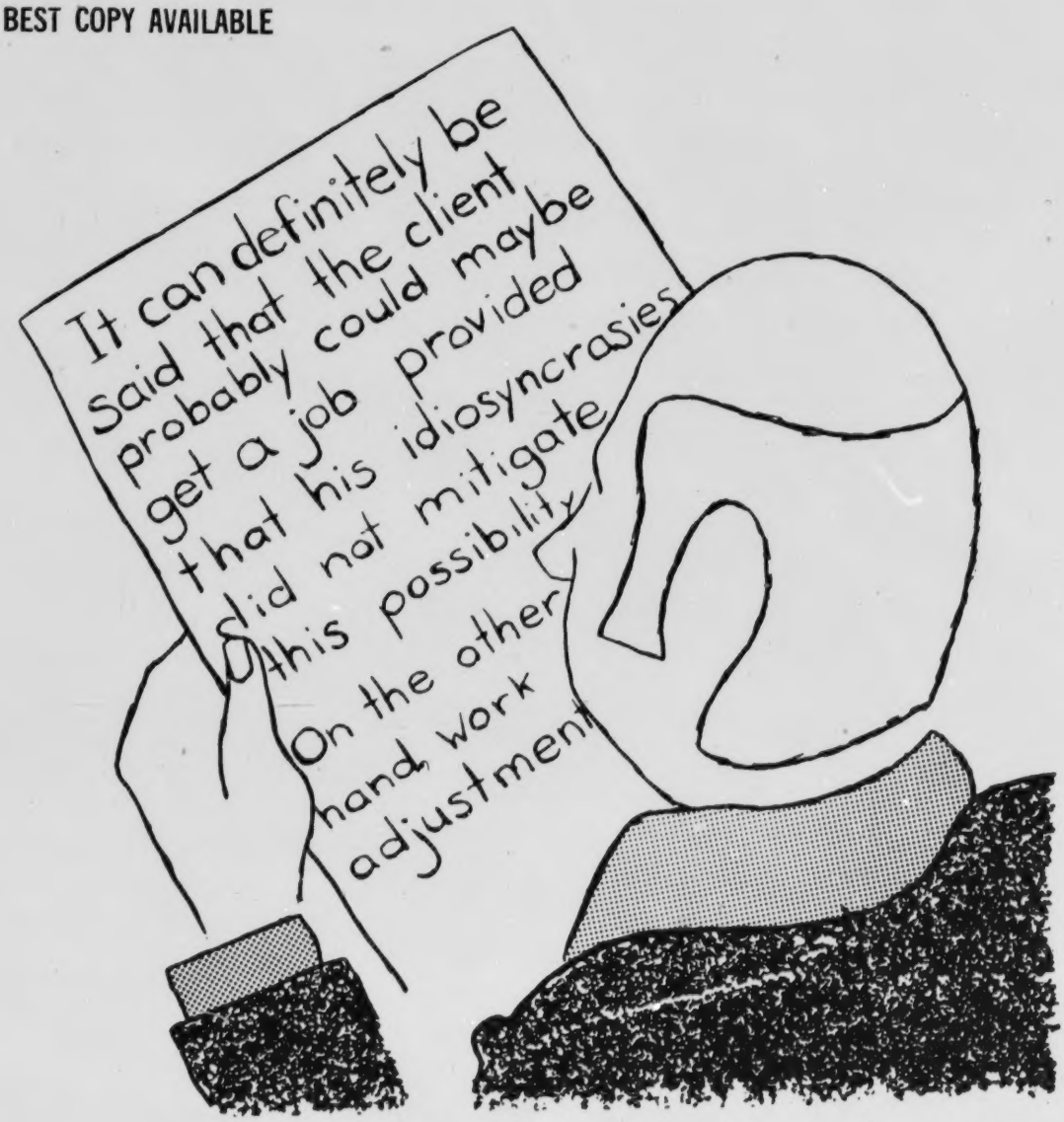
It can definitely be said that the client probably could maybe get a job provided that his idiosyncrasies did not mitigate this possibility. On the other hand, work adjustment

IT IS THE REFERRING COUNSELOR'S RESPONSIBILITY TO COMMUNICATE WITH THE FACILITY IF HE DOES NOT UNDERSTAND THE REPORT

CHAPTER V

REPORTS

The purpose of a report is to convey findings regarding tested and/or observed behavior, identify services provided, interpret data and make recommendations in relation to the client's current and potential placement in employment.

The report should be used as a tool which the referring counselor will combine with other data to determine what seems to be the most appropriate rehabilitation plan with each individual client. Since the report may be the only source of communication between the referring counselor and the report writer, the report must contain information useful to the recipient.

Smith (1971) lists six current problems of work evaluation reports: (1) they present an excess of minutiae so that one is not able to draw any conclusions when he is finished reading a report; (2) they give a vocation objective, without any reason or logic indicating why that objective was chosen; (3) the single vocational objective given is frequently unfeasible for a very basic or obvious reason; (4) when this occurs there are no alternative vocational objectives; (5) the vocational objective is frequently not tied in with existing vocational training opportunities and employment opportunities; (6) the vocational evaluation fails to take into account the aspects of transportation which can be a severe problem for the physically disabled, the mentally retarded, and the handicapped who live in remote geographic areas not served by bus lines.

FORMAT OF REPORT

Currently, there is no standardized format for report writing. Information contained in a report will vary with the function of the facility, the information desired by the referring counselor and the writing characteristics of the facility and its individuals.

It is possible for a referring counselor to request evaluations from a number of individual disciplines or to refer a client to a facility that offers a number of disciplines within its own structure. In the case of a comprehensive facility offering many disciplines, the referring counselor should expect a packet of information which would include individual reports from each

of the disciplines providing services to the client. The counselor should also expect that one member of the facility staff be responsible for summarizing these individual reports into a short, concise, and meaningful summary of the services provided, including recommendations. This summary should provide the referring counselor with the findings and recommendations of each of the disciplines involved without going into all the "whys and hows". If further and more detailed information is sought by the referring counselor, he can examine the individual reports.

TYPES OF REPORTS

A facility can use a variety of different types of reports. Each has an appropriate role to play in the vocational evaluation and work adjustment processes. Some of the common types of reports are described in the following sections.

Daily Log

Because services provided by a rehabilitation facility often extend over a period of weeks or months, the referring counselor should be particularly aware of the means by which the rehabilitation facility staff keeps daily records of each client. This is particularly important since it provides a "daily log" of the planning and progress of the client. This information will later be used in writing all reports.

Interim Reports

When an evaluation or adjustment program extends over several weeks or months, the referring counselor should expect a progress report from the rehabilitation facility. This report might be in the form of a telephone call, involvement of the referring counselor in the facility staffing of his client, or a written report. Regardless of the means of communication, the information should relate to the progress of the client as well as the current program planning. The purpose of this report is to keep the referring counselor abreast of developments in the client's program.

Vocational Evaluation Report

The vocational evaluation report is a summation of the significant vocational findings of the facility. It is a formal written report and should be a freestanding document.

The content of the report will include identifying information about the client such as: name, address, age, marital status, education, work experience, disability and the enrollment and discharge dates at the facility.

The body of the report should contain only significant vocational findings that have been separated from the trivial or unessential

information. The report will discuss a client's strengths and weaknesses, referral questions, learning problems, and general adjustment problems. It will make general vocational predictions which may include illustrations and discussion of how well a client fits requirements for appropriate Dictionary of Occupational Titles Worker Trait Group Arrangements. The report may also discuss the relationship of the client's traits to a specific job. The report should relate to the probability of success in specific jobs or job areas, discuss problems that may be encountered in training or at work, and the type of assistance that may be helpful to the client in overcoming these problems.

Recommendations from the vocational evaluation report may indicate a need for work adjustment services. The vocational evaluation report should delineate the behavioral variables which need to be changed if the client is to acquire acceptable work behaviors. A recommendation which simply says that work adjustment is needed should not be accepted as the basis for referral to work adjustment. The behavior that required change, if the client is to become generally employable, must be specified. The target behaviors should be stated in objective, behavioral terms. The report might also contain suggested techniques that appear to have a good prognosis in bringing about the desirable change.

The degree of the maladaptive behavior (base line) should also be specified. A report that indicated work adjustment is needed because the client tends to be absent two or three times a month and tardy two to four times a month establishes the problem and base line of maladaptive behavior. This greatly enhances setting up a work adjustment program that can set realistic goals.

Work Adjustment Report

Once a client is in work adjustment, concise, periodic reports should be made to the referring counselor. These reports should provide information concerning the client's progress, any problems encountered, and recommendations. Recommendations for continued work adjustment, either in the same program or a changed program, should be supported by reasons. A report that simply states "continued work adjustment is recommended" is insufficient information for the counselor.

Once the work adjustment program has been completed a report should be prepared identifying the extent to which the behavior was changed, or the maladaptive behavior still exists, and the relationships these changes or remaining behaviors have toward successful vocational placement.

COMMUNICATION AND REPORTS

Although communication between the facility, the family--when appropriate--and the referring counselor should have been an ongoing process throughout the evaluation, it is in the final

days of the evaluation that communication becomes an absolute must. This will allow the family and the referring counselor to gain an understanding of the services provided and the resulting recommendations. It will also encourage continuous client services and enhance the implementation of the rehabilitation plan.

The facility should compile all the reports in an orderly fashion, including the final summary with specific recommendations, and return the completed file to the referring counselor immediately. The referring counselor's ability to understand the content determines the success of the report. It is the referring counselor's responsibility to communicate with the facility if he does not understand and/or questions the content or recommendations of the report.

SUMMARY

Reporting formats will vary with each rehabilitation facility. Communication between the rehabilitation facility and the referring counselor should include informal interim reports relating to client progress and planning, as well as the formal narrative report relating to specific vocational objectives. The formal report should contain specific facts, as observed or tested by the evaluator, and deductions from these facts. It must be written in a manner that will allow the reader to decipher the meaning without having the skills in evaluation or adjustment and should lead the reader through an orderly sequence of facts and interpretations to a conclusion and/or recommendation. The report should answer those specific questions the referring counselor has asked as well as other significant data obtained.

REFERENCES

Smith, F. A rehabilitation counselor's model for work evaluation. Journal of Applied Rehabilitation Counseling, 1971, 2(4), 191-193.

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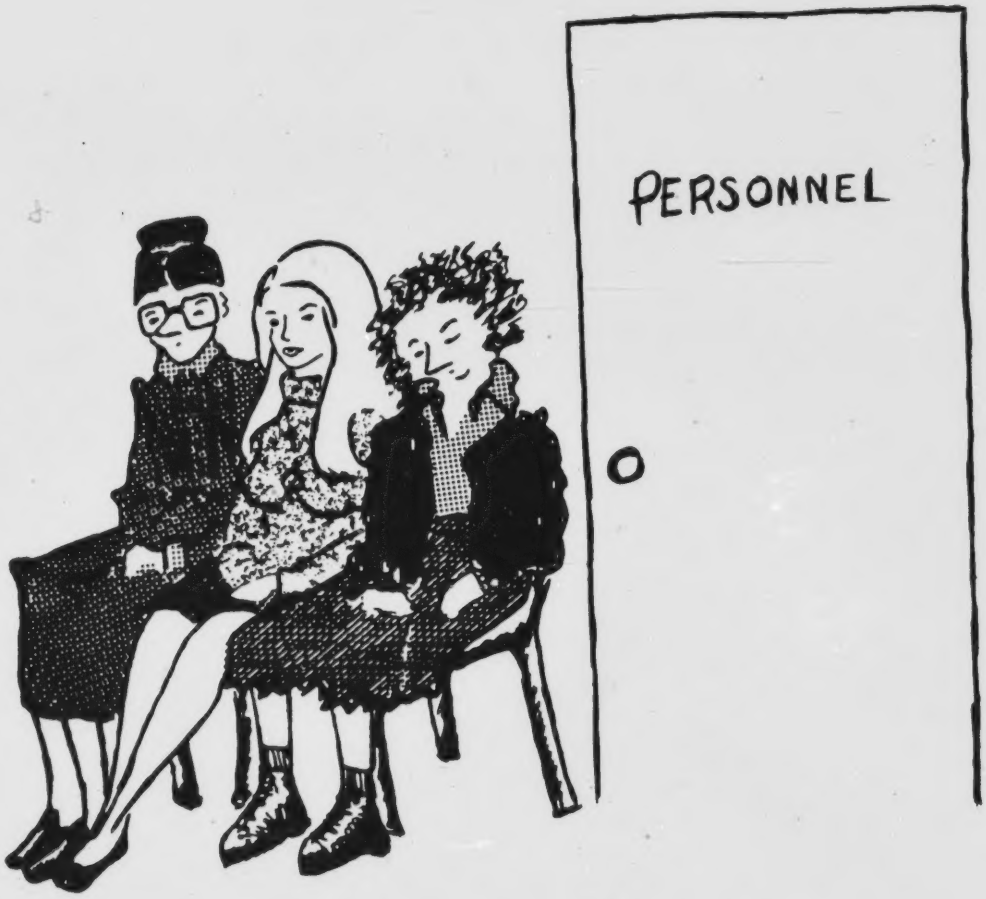

MOST FACILITIES ESTABLISH THEIR OWN EMPLOYMENT STANDARDS

CHAPTER VI

PERSONNEL

This following chapter will focus on the role and function of the vocational evaluator, a suggested evaluator-client ratio and minimum qualifications for vocational evaluators and work adjustment specialists.

THE ROLE AND FUNCTION OF THE VOCATIONAL EVALUATOR

The primary responsibility of the vocational evaluator, regardless of his work setting, is to determine the rehabilitation client's vocational potential. In order to achieve this goal and to recommend the most appropriate services, vocational evaluators must first identify the rehabilitation problems and gain an understanding of the rehabilitation needs of each individual client. They must then determine the specific types of rehabilitation services that are essential to alleviate or reduce the handicapping or restrictive effects of these problems (Rice, 1972). If the vocational evaluator is to meet this responsibility, he must present the client with meaningful, real or simulated, work activities in order to observe, assess, analyze, and predict future work performance. Moreover, he must determine if an inadequate performance by the client is due to physical or mental limitations, emotional or behavioral problems, inappropriate work habits, lack of work skills or experiences; and whether or not he should prescribe rehabilitative services that will minimize these problems.

Regardless of the technique or approach utilized in vocational evaluation, it is the vocational evaluator who is a key to the success or failure of the vocational evaluation process. In relation to this responsibility, the vocational evaluator has four major objectives:

1. To determine the client's readiness for work, training, or the need for other rehabilitation services;

2. If the client is ready for services, to identify those services;

3. If the client is not ready for services, to document the reasons why;

4. To develop a recommended or prescriptive rehabilitation plan to bring about the needed change in order for the client to make a realistic vocational decision (Roberts, 1970).

The vocational evaluator should not assume total responsibility for assessing the client's vocational potential. He should share this responsibility with medical specialists, psychologists, psychiatrists or other professional staff. The need for a group decision is reflected in the fact that many rehabilitation clients are beset with feelings of inadequacy and inferiority during vocational evaluation. Thus, the various evaluative components must be assessed in relation to their contribution to the total individual rather than isolated emotional, mental, social and physical elements. The relevance of group participation and team decision is especially significant if specific or complex problems are interfering with, or preventing, optimum performance by the client.

The vocational evaluator in numerous rehabilitation facilities must wear many hats, i.e., he must function in a variety of roles in addition to that of vocational evaluator. Additional roles could include psychometrist, case-coordinator and/or vocational counselor. However, referring counselors should be aware that vocational evaluation personnel do not favor a situation of this nature. This is not ideal, but it exists and must be recognized by referral sources, and more specifically by the referring counselors.

In more exact terms the primary functions of the vocational evaluator pertain to the areas listed below.

Knowledge of Background Information

The vocational evaluator should become thoroughly familiar with the handicapped individual's social, family, educational and vocational history provided to him by the referring counselor in order to plan a meaningful vocational assessment program for the client.

Intake Orientation

1. The client must be provided with an intake orientation program, with emphasis on the purpose, procedures and rules of the vocational evaluation unit. The vocational evaluator should assume the responsibility for the client's intake orientation.

2. The vocational evaluator must explain his role in the evaluation process regarding reasons for selection of particular work activities, real or simulated, and how these activities will be interpreted, integrated, and analyzed according to the final recommendations.

Client Observation and Services

1. The vocational evaluator must synthesize information from all the various sources into a meaningful and practical vocational assessment program.

2. The vocational evaluator must observe, assess and record the client's work performance, psychological traits, and personal and social behavior. These factors must be interpreted and a prediction made as to their effects on future performance by the client in training or employment.

3. The client's performance with regard to quantity and quality in various work situations must be measured in terms of the actual requirements of real work situations. If adaptations are made in particular work activities, the exact nature and extent of adaptation must be duly noted by the vocational evaluator.

4. The client's performance must be evaluated and analyzed in relation to real work situations, the Dictionary of Occupational Titles and/or other related sources of occupational information.

5. The vocational evaluator must make optimum use of auxiliary personnel where professional assistance is needed, rather than attempt to provide services outside his realm of competencies.

Conferences or Staffings

The vocational evaluator must participate in informal or formal staff conferences to assess the effectiveness of the services provided and plan and outline future services for the client.

Reporting

The vocational evaluator must provide the referring counselor with an individualized and comprehensive report regarding the client's work performance, behavior, work characteristics, interests, relationship with co-workers and supervisors, and other pertinent information during the vocational evaluation process. Included in the report should be the results of work sample tests, situational tests and job tryouts as well as conclusions, summary, and recommendations for future rehabilitative services. The comprehensive final report should include individual service reports, such as, psychological, medical, social, recreational, dormitory, etc., which could enhance the referring counselors' knowledge of the client and improve future planning. One person must be delegated the responsibility of sending the comprehensive report to the referring counselor, preferably within three weeks after the client has completed the evaluation program. As a professional member of a rehabilitation facility, the vocational evaluator is obligated to keep information pertaining to the client confidential.

THE VOCATIONAL EVALUATOR-CLIENT RATIO

It is difficult to specify an ideal vocational evaluator-rehabilitation client ratio that will insure an adequate performance by the vocational evaluator and a valid vocational evaluation of the client. To compound the problem vocational evaluation facilities differ in goals, objectives, techniques, staff qualifications, resources, and clientele served. A practical caseload for the vocational evaluator, nevertheless, is a necessity under any conditions if a quality vocational assessment of the client is to be realized. Although it is not ideal, the caseload of the vocational evaluator may in many cases be determined by the facility administration rather than by supervisory personnel of the vocational evaluation facility. There are several factors that must be taken into consideration to determine an efficient vocational evaluator-client ratio. Some of these factors include:

1. The processes or techniques used by the vocational evaluation facility;

2. Type of clientele served (general rehabilitation clients, deaf, blind, mental retardates, etc.) by the rehabilitation facility;

3. Qualifications and competencies of vocational evaluation personnel;

4. Amount of time the vocational evaluator devotes to other required duties or assignments outside the actual realm of vocational evaluation (psychometrist, coordinator, etc.);

5. Average length of the vocational evaluation period for the rehabilitation facility;

6. Comprehensiveness of the actual vocational evaluation program with reference to the number of work sample tests, situational tests, or job tryouts;

7. Type of rehabilitation facility, workshop, comprehensive rehabilitation center, evaluation center, etc.;

8. Number and accessibility of auxiliary personnel to the vocational evaluator.

The results of a national survey conducted by Sankovsky (1971) indicated that 45% of the sample of the vocational evaluators completed between seven and nine evaluations per month. However, nine percent of those surveyed reported more than twenty clients evaluated per month. It is possible to make some recommendations regarding maximum caseloads in order to insure a valid vocational assessment of the client. In a work sample oriented evaluation facility, the vocational evaluator's caseload should not exceed six clients. On the other hand, the evaluator using the

situational assessment process typically found in sheltered workshops should not attempt to evaluate over twelve clients at a given time. Larger numbers than these will decrease the vocational evaluator's effectiveness due to the varied, complex, and complicated nature of the evaluation process, as well as the demands made by clients. When the caseloads increase above those recommended, the vocational evaluators must devote too much time to unskilled activities, such as dispensing work sample tests, assigning work activities, scoring and recording tests results--rather than synthesizing, observing, and analyzing individual clients. A reasonable vocational evaluator-client ratio must be maintained so the vocational evaluator can observe how the client arrives at his final product. The way a client progresses through a work or work-related activity is sometimes more meaningful to the vocational evaluator than the end result. Observing, synthesizing and analyzing the performance and behavior of the rehabilitation client are the major elements of any vocational evaluation process. These important factors must be kept constantly in mind to insure the vocational evaluator an adequate, yet practical and manageable, caseload.

QUALIFICATIONS OF THE VOCATIONAL EVALUATOR

Individuals employed as vocational evaluators come from varied backgrounds, including industry, the skilled trades, business, and education. The fact that vocational evaluators are employed in a variety of facilities with different goals and objectives further complicates the formation of personnel qualifications. Most facilities currently establish their own employment standards with regard to education and work experience.

Efforts are being made to professionalize the vocational evaluators in rehabilitation. Ross (1971) cites as examples the formation of the Vocational Evaluation and Work Adjustment Association (VEWAA), publication of a professional journal, graduate programs in vocational evaluation, in-service training, and various research projects. Sankovsky (1971) found that approximately 87 percent of the evaluators surveyed possessed at least a Bachelor's degree in such fields as industrial arts, psychology, and social science or related programs. Further, 28 percent of the vocational evaluators reported an advanced degree. According to Egerman and Gilbert (1969), advanced degrees were in such areas as rehabilitation counseling, vocational guidance or counseling, psychology, and education.

Vocational evaluators are becoming recognized as professionals among rehabilitation personnel. Significant in this movement are university sponsored graduate programs in Vocational Evaluation at the University of Arizona, Auburn University and University of Wisconsin - Stout. In addition, many institutions of higher learning have developed or are planning to establish undergraduate programs in social and rehabilitation services. With this consideration and other significant developments in the area of

vocational evaluation, the following recommendations are offered as minimum requirements for employment of vocational evaluators. As the majority of vocational evaluation facilities or units employ three levels of vocational evaluators (vocational evaluation supervisor or chief vocational evaluator, vocational evaluator and vocational evaluator aide), the recommendations regarding qualifications are directed at these positions.

Vocational Evaluation Supervisor (Chief Vocational Evaluator)

The primary role and function of the chief vocational evaluator is, in most cases, rehabilitation facility administration, i.e., overseeing, supervising and training other vocational evaluators and vocational evaluator aides. In addition to administrative and supervisory duties, the individual in this position is responsible for work sample test development, devising situational tests, obtaining job tryouts and remaining knowledgeable with new and innovative evaluation techniques.

As this is a very responsible and demanding position, the person in this capacity should have a Master's degreee in Vocational Evaluation, Rehabilitation Counseling, Psychology, Sociology, Education, Industrial Arts, or related areas. The "related areas" have always been vague and, as a result, individuals have been employed in this critical position without consideration for understanding and knowledge of the problems of handicapped clients. Specific requirements should include knowledge of human behavior, theories of learning, personality theory, occupational information, vocational counseling procedures, psychological and vocational aspects of disabilities, theories of work, knowledge of the Dictionary of Occupational Titles and other related tools, work assessment methods, and report writing. In addition, the vocational evaluation supervisor should have at least one year of experience as a vocational evaluator or, at a minimum, completion of a supervised practicum or internship in vocational evaluation.

Vocational Evaluator

The vocational evaluator, sometimes referred to as "floor evaluator," should have at least a Bachelor's degree in Rehabilitation Services, Psychology, Sociology, Education, Industrial Arts, or related areas. Training and knowledge of human behavior, personality, counseling, psychological assessment methods, occupational information or interpersonal relations are considered related areas. Although knowledge in specialized areas such as mechanics, business or electronics is desirable it should not be mandatory. Evaluative skills can be developed, provided the potential vocational evaluator is versed in the above-listed areas, as well as motivated to upgrade his knowledge and expertise.

Vocational Evaluator Aide

The vocational evaluator aide should have post-high school training, preferably two years of college and actual work experience in

vocational areas directly related to vocational evaluation. The vocational evaluator aide must be capable of following instructions, establishing rapport with rehabilitation clients, and must have the ability to work under supervision. Client observation, scoring and reporting results of various evaluative procedures under supervision are other vital elements of the vocational evaluator aide's duties and responsibilities.

Prior to the vocational evaluator aide's direct involvement with rehabilitation clients in the vocational evaluation process, it should be mandatory that the vocational evaluator aide undergo an intensive in-service training program with concentrated emphasis on the evaluative techniques utilized, methods of client observation, recording and reporting client work performance and behavior. A strong recommendation is presented for in-service training in the areas of human relations with emphasis on interpersonal skills. The vocational evaluator aide should be encouraged to attend short-term training institutes or conferences in the area of vocational evaluation as well as those that have a direct relationship to client services, including counseling and interpersonal relations.

WORK ADJUSTMENT PERSONNEL

The work adjustment program in rehabilitation is closely related to vocational evaluation. Hoffman (1971) reported that work adjustment services are directed toward removal of client inadequacies rather than vocational assessment, although evaluation and adjustment occur in both programs. As a result of this relationship, staff organization and qualifications are similar.

Work adjustment staff should be competent in the areas of modification of behavior, vocational counseling, learning theory, occupations, interpersonal skills, and personality. Since work adjustment facilities employ three levels of staff--work adjustment supervisor, work adjustment specialists, and work adjustment aides or assistants--the following recommendations are directed at these positions.

Work Adjustment Supervisor

The work adjustment supervisor should hold a Master's degree in Vocational Evaluation, Vocational Rehabilitation, Counseling, Industrial Arts, Rehabilitation Counseling, Psychology, Education or related areas.

Prior work experience in work adjustment, vocational evaluation or other fields of rehabilitation, such as counseling of at least one year should be required. A satisfactory completion of practicum or internship in the area of work adjustment or vocational evaluation should be the minimum for consideration of employment.

Work Adjustment Specialist

Work adjustment staff providing direct treatment services to clients should meet similar requirements of the vocational evaluator, i.e., Bachelor's degree in specified areas in addition to a working knowledge of modification of behavior techniques.

Work Adjustment Aides (Assistants)

The work adjustment aide should have post-high school training, preferably two years of college and direct experience in areas related to work adjustment services. This person should be capable of following direction, developing rapport with clients, and able to work under supervision. The recommendations presented for the evaluator aide would apply to the work adjustment aide or assistant.

This brief description of work adjustment staff qualifications must not be interpreted to mean vocational evaluators should be batter qualified than work adjustment personnel. Work adjustment requires skill and knowledge to bring about desired behavior change in the client. It is re-emphasized that work adjustment staff and vocational evaluation staff should be on the same level. In other words, a definite and close relationship must exist between the two, as adjustment is part of vocational evaluation and vocational evaluation is a vital element in a rehabilitation client's work adjustment program.

REFERENCES

Egerman, K. and Gilbert, J. The work evaluator. Journal of Rehabilitation, 1969, 35(3), 12-14.

Hoffman, P. R. Work evaluation and adjustment: The relationship. Journal of Rehabilitation, 1971, 37(4), 19-22.

Rice, B. D. Prescriptive vocational evaluation. Vocational Evaluation and Work Adjustment Bulletin, 1972, 5(1), 8-11.

Roberts, C. Definitions, objectives, and goals in work evaluation. Journal of Rehabilitation, 1970, 36(1), 12-15.

Ross, D. Conceptual model of a professional evaluator. In R. Pacinelli (Ed.) Research Utilization in Rehabilitation Facilities. Washington, D.C.: International Association of Rehabilitation Facilities, 1971.

Sankovsky, R. Characteristics of the VEWAA membership: 1971. Vocational Evaluation and Work Adjustment Bulletin, 1971, 4(2), 17-26.

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TWO WAY COMMUNICATION WILL INSURE
THAT THE CLIENT DOES NOT BECOME CAUGHT
BETWEEN CONFLICTING POLICIES

CHAPTER VII

MUTUAL RESPONSIBILITIES

The provision of effective services to clientele of state rehabilitation agencies by rehabilitation facilities involves mutual responsibilities among (1) the facility specialist of state rehabilitation agencies and counselors of the same agencies, (2) the state rehabilitation agencies and rehabilitation facilities, and (3) counselors of the state rehabilitation agencies and counselors of the rehabilitation facilities. The latter include shared responsibilities for the preparation of the client.

MUTUAL RESPONSIBILITIES BETWEEN FACILITY SPECIALIST AND COUNSELORS OF STATE REHABILITATION AGENCIES

The counselor is the final determiner of client eligibility, of client program, of client placement; in essence he carries the total responsibility for the rehabilitation of the client. To meet this responsibility the counselor needs tools and assistance, and both must be provided him by the state agency. The agency as a whole provides funds, operating methods, client referrals, office space, clerical help, professional assistance, and other related services; but the tools of the trade lie in the counselor's know-how and the specialized tools of the facility. Each state agency employs a facilities specialist to deal with facility development; he and the counselor, working together, are responsible generally for the sharpening and utilization of the specialized tool, the facility.

To accomplish the rehabilitation goal, the facilities specialist must maintain close contact with the field counselor; he must know and understand the counselor's needs, and he must then communicate these needs to the facilities and assist them in necessary program development and/or program modification.

Conversely, the counselor has a responsibility to maintain contact with the facility and keep in close communication with the facilities specialist. The counselor should keep the facilities specialist informed as to relationships with the facility, problem areas, what might be done to correct the problems, and any new ideas for program development.

The facilities specialist is responsible to the counselor to maintain the facility in a viable condition through use of grant monies, fee structure, application of standards, and other means to insure high quality programing for the client.

The facilities specialist should develop a directory of facilities for counselor usage and insure that the directory is kept up to date. He should provide guidance and direction for the counselor in use of facilities and criteria on selection of clients for facilities services.

The specialist and the field staff should work together harmoniously in determining rehabilitation need in a given area and in the establishment of facilities and prescription of services to be offered in facilities.

Communication and cooperation between the facilities specialist and the counselor are the requisites for a functioning, meaningful, and productive facilities program within the state structure of services.

MUTUAL RESPONSIBILITIES BETWEEN STATE REHABILITATION AGENCIES AND REHABILITATION FACILITIES

Mutual responsibilities of the state agency and the facility are often implied and just as often misunderstood by all four parties to the contractual arrangement that provides rehabilitation services to handicapped persons. The four parties are state vocational rehabilitation agency, facility, counselor, and client. As a result of a survey conducted in a state agency and twelve evaluation and training facilities, the following points were listed as of primary importance.

The prime area of mutual responsibilities according to both sets of respondents lay in the area of communication. It was generally the feeling that central office, field office and facility needed to keep the lines of communication open in regard to changing philosophies and practices, in-service training, fiscal changes, agency program changes and new needs, and communication of facilities programs to field staff.

Another area of mutual responsibility lay in insuring a quality program of services. The insurance can be accomplished through referral of an adequate number of clients, an appropriate fee structure, monitoring of program by the state vocational rehabilitation agency, and in-service training of facility staff and counselors. This represents a constant effort on the part of the state vocational rehabilitation agency, cooperation on the part of the facility, close communications, and the development of an harmonious working relationship.

The state vocational rehabilitation agency has a responsibility to assist the facilities in creative growth through encouragement of grant applications for development of new programs or expansion and improvement of presently existing ones. When such grants are made the facility has great responsibility for carrying out the terms of its agreement as stipulated in the grant.

The state vocational rehabilitation agency and the facility should plan together in establishing programs that are meaningful in terms of the community employment picture. It is useless to train a handicapped person for a job that does not exist; it is also unrealistic to train a client if he is unwilling to go where the jobs are. Again, communication and counseling are of paramount importance.

The mutual responsibilities of the state vocational rehabilitation agency and the facility involve delegation and accountability. The state vocational rehabilitation agency, through its field staff and its operational procedures, delegates certain responsibilities to the facility in respect to the welfare of the client. The state vocational rehabilitation agency must stand ready to provide all necessary assistance to the facility in meeting state agency and client needs. The facility is accountable to the state vocational rehabilitation agency in respect to the client and this involves all of the ramifications attendant to program, services, etc., but in the larger sense, ultimate accountability for the client and the statewide program of facility services rests with state vocational rehabilitation agency and if it abrogates its responsibility, then the loser is the client.

MUTUAL RESPONSIBILITIES BETWEEN STAFF OF STATE REHABILITATION AGENCIES AND OF REHABILITATION FACILITIES

The establishment of a partnership between the referring counselor and the rehabilitation facility is the first step in discharging mutual responsibilities that are necessary for working together to achieve a common goal of providing the most beneficial vocational rehabilitation services for the handicapped individual.

This partnership creates some inherent responsibilities that are common to the vocational rehabilitation counselor and the facility's staff. The following concepts are considered to be some of the mutual responsibilities:

Communication

Two-way communication between the vocational rehabilitation counselor and the facility staff is the most important responsibility in achieving the goal of providing the best service for the handicapped individual. The vocational rehabilitation counselor and the rehabilitation facility staff should continually discuss policies regarding the scope of services offered, legal limitations and obligations, as well as fee schedules that exist between the two of them. This will insure that the client does not become caught between conflicting policies of the two agencies or units of the same agency. The responsibility of two-way communication should be accepted in a manner which allows for open and frank discussion with mutual trust and respect.

Liaison Between the Rehabilitation Agency and the Rehabilitation Facility

The vocational rehabilitation counselor should become thoroughly aware of the programs, staff and operations of the rehabilitation facility. The facility should provide the counselor with the means of doing this, including definitions of program terminology and program objectives so that the counselor can make an intelligent choice from the variety of services offered. It is also the responsibility of the rehabilitation counselor and the facility staff to work in a manner that will allow the most effective services to be received by the handicapped individual. The problem of establishing an effective liaison can be reduced by:

- Better understanding of the limitations of both the state vocational rehabilitation agency and the facility.
- Active participation of the state vocational rehabilitation agency's counselor on the facilities rehabilitation team.
- Preparation of a service manual detailing the services offered by the facility.
- Preparation of a comprehensive referral report to the facility.
- Planned periodic visits to the facility with scheduled conferences with various facility staff members.
- Providing the facility with information regarding the state vocational rehabilitation agency's authorization, billing, and reporting requirements.

Specific Responsibilities as Purchasers and Providers of Services

As purchasers and providers of services for handicapped individuals, the vocational rehabilitation counselor and the facility staff have some specific responsibilities.

The counselor has the specific responsibility of deciding whom to refer to the facility based on:

- Inability to resolve problems of vocational adjustment through counseling interviews and formal test results.
- The need for an early decision on client's feasibility.
- Utilization of the facility's expertise to assist in arriving at an appropriate decision.
- The need to test client's physical capacities and tolerance for industrial-type pressure.
- The need for a tentative vocational objective.

- The need for an evaluation of the seemingly "non-feasible" client.

- The type of services the facility offers and prior experiences with the facility.

The vocational rehabilitation counselor's role after the decision is made to refer the client should be:

- To thoroughly prepare the client for referral.

- To maintain follow-up contact with the facility and the client by personal visits, telephone, and written contacts.

- To clarify and follow-up recommendations made by the facility.

- To provide counseling and other necessary supportive services, such as maintenance allowance and physical restoration, and act as a resource person to the facility when necessary.

- Provide feedback on client rehabilitation results to the facility so that the facility can evaluate the effectiveness of its program.

The facility's staff should be responsible for:

- An early decision on acceptance or non-acceptance of the referral.

- Enrollment of the client in the shortest possible period of time.

- A decision regarding the client's vocational potential as quickly as possible.

- Providing information regarding the facility's procedures, standards and capacity to effectively work with the client's problems as outlined in the referral.

- Ready accessibility for consultation and participation in conferences.

- Providing the necessary comprehensive and qualitative services to insure adequate vocational evaluation or adjustment of the client.

- Maintaining a flexible and innovative service attitude.

- Providing a clear, comprehensive and realistic report on the program results as quickly as possible following completion of the program.

MUTUALLY SHARED RESPONSIBILITIES FOR CLIENT PREPARATION

Adequate preparation of the client for vocational evaluation and work adjustment services and the acceptance of these services by the client is essential for the eventual success of these programs. The state agency counselor and the facility staff have a mutually shared responsibility for adequate preparation of the client.

Preparation of the Client for Vocational Evaluation and Work Adjustment by the Counselor

When a decision is reached that a client's needs can be served best in a rehabilitation facility, it is an obligation of the rehabilitation counselor to prepare the client to understand and accept this phase of the vocational rehabilitation plan. In orienting the client towards acceptance of vocational evaluation or work adjustment, the counselor should be thoroughly familiar with the particular facility to which he is referring his client. First-hand knowledge of the facility's services, programs, and personnel will initially enable the counselor to explain to the client, and in many instances to the family, why he is enrolling the client in the facility and what the facility can offer him. For example, the counselor may point out that the rehabilitation facility is able to provide a number of specialized services within a single setting which can assist in the assessment of the client's residual capacities, evaluate his potential for gainful employment, or provide needed training or work adjustment. The counselor should also anticipate and be prepared to answer questions concerning transportation, lodging, or special services that may be required to meet the needs of severely disabled and limited individuals. If circumstances permit, it would be desirable for the client to visit the facility prior to his starting date.

Although preparation of the client for entering a vocational evaluation or work adjustment program will occur most often within the context of the counseling relationship between the vocational rehabilitation counselor and the client, other approaches may be appropriate, depending upon resources available to the counselor. Counselor-aides, for example, who have socioeconomic backgrounds similar to that of the client may be utilized to motivate and effectively inform him about rehabilitation facility services (U.S. Dept. of Health, Education, and Welfare, 1968). In some instances the aide might accompany the client to the facility for the first time and answer questions that may arise.

Another approach for the counselor to consider would be to arrange for a group orientation of several clients whom he wishes to prepare for vocational evaluation or work adjustment (Ayers, 1971). This method can be of significant value in encouraging and promoting individual client acceptance. Here again, good use may be made of counselor-aides and of experienced clients who have successfully completed vocational evaluation and/or work adjustment programs (Campbell and O'Toole, 1971).

Preparation of the Client for Vocational Evaluation and Work Adjustment by the Facility

Rehabilitation facilities should establish and follow definite procedures for orientation of new clients. These may include goals and specific evaluative procedures; facility regulations or rules and client responsibilities; and the designation of a staff member who can manage each client's program and provide counseling (U.S. Dept. of Health, Education, and Welfare, 1966; Institute for Crippled and Disabled, 1960). These intake and orientation procedures should be written and available to referring sources. A client handbook may be developed and used as a resource which will provide referring counselors and clients with useful information such as services provided, what to bring or leave home, basic conduct, workshop related information, recreation, and transportation.

REFERENCES

Ayers, G. E. Counseling in work adjustment programs. Journal of Rehabilitation, 1971, 37(4), 3.

Campbell, J. L. and O'Toole, R. A situational approach. Journal of Rehabilitation, 1971, 37(4), 11-13.

Institute for the Crippled and Disabled. Cerebral palsy work classification and evaluation project. Final Report 1955-1960, Volume I. New York: Institute for the Crippled and Disabled, 1960.

U.S. Department of Health, Education, and Welfare, Vocational Rehabilitation Administration. Guidelines for organizing vocational evaluation units: A training guide. Fourth Institute on Rehabilitation Services. Washington, D.C.: U.S. Government Printing Office, 1966.

U.S. Department of Health, Education, and Welfare, Rehabilitation Services Administration. Use of support personnel in vocational rehabilitation. Sixth Institute on Rehabilitation Services. Washington, D.C.: U.S. Government Printing Office, 1968.

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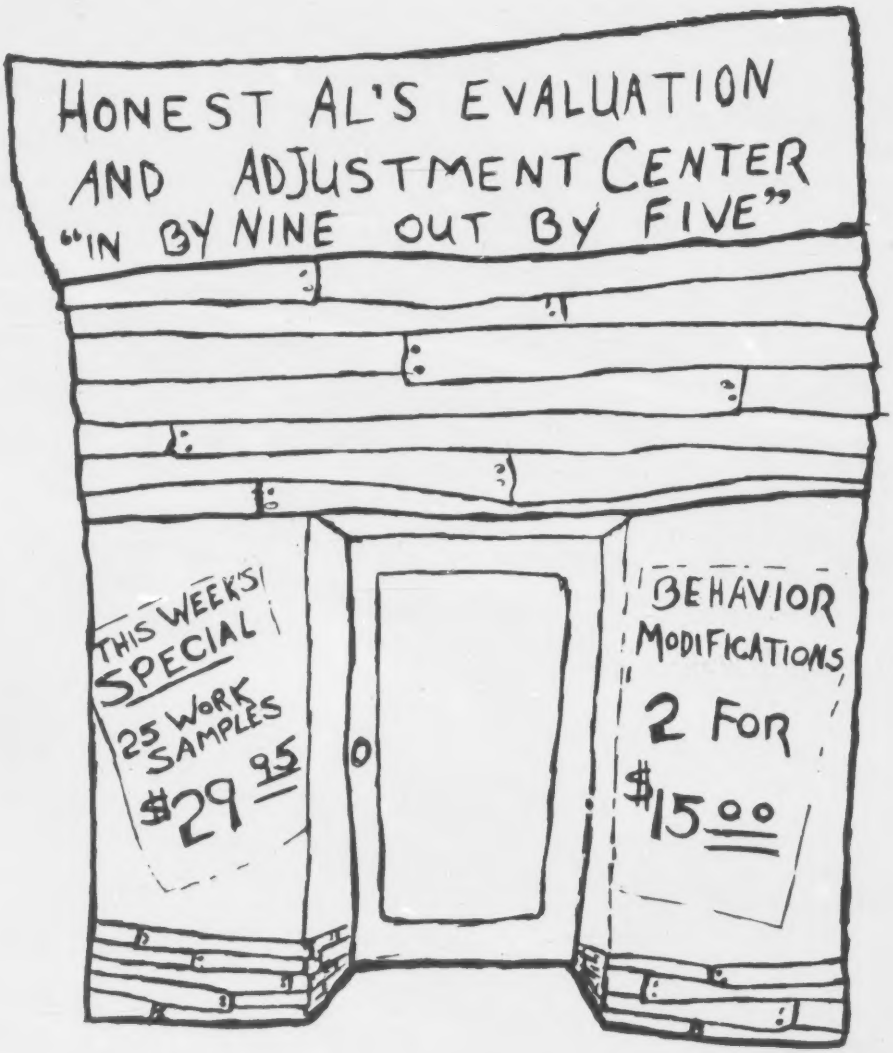

LOW PRICES AND POOR QUALITY ARE FREQUENTLY CLOSELY RELATED

CHAPTER VIII

COST CONSIDERATIONS

The specialized financial and cost aspects of state-operated rehabilitation facilities will not be discussed in this chapter, even though state-operated facilities are the principle resource for vocational evaluation and work adjustment services in a number of states. There are two primary purposes for establishing a financial relationship between a state agency and a private rehabilitation facility. These are:

1. To effect increased, improved, and diversified services to handicapped individuals who are the responsibility of both the state agency and private rehabilitation facilities;

2. To develop a cooperative relationship which allows for joint planning and sharing of responsibilities (Galazan, 1967).

It is not possible in this short discussion to analyze the merits of the various methods of payment to facilities for the purchase of services. Essentially, the three basic methods are: (1) the budget plan, where the state agency guarantees a specific gross amount based on a budget for a program offering a variety of services and includes a specific list of staff and other expenditures; (2) the fee plan, where fees are paid on a per day, per week, or per month basis for specific services where fees are arrived at by joint negotiation between the state agency and individual facilities or are set uniformly by the state agency; (3) a plan of individual fees combined with a program of grants to subsidize special staff.

Regardless of the financing method employed, the true cost of the services purchased must be considered in arriving at a proper base for establishing a sound fiscal relationship.

The rehabilitation profession as a whole has been slow to accept the philosophy of relating fees to actual costs. In a survey conducted in 1955, only 8 out of 50 respondents who were members of the Conference on Rehabilitation Centers indicated that the factor of cost had played a role in the setting of fees (Dolnick, 1956). Although there has been progress, in this respect since 1955, the idea of payments in relation to cost is still not universally accepted.

Quality vocational evaluation services are expensive. As with other services or commodities, low prices and poor quality are frequently closely related. The often prevalent policy in state agencies of driving hard bargains and purchasing the lowest priced service available, coupled with the belief that the actual cost of service need bear no relationship to the fee that the state agency will pay, has resulted in many instances in the perpetuation of poor services that hardly deserve to be dignified by the title of "vocational evaluation" or "work adjustment." High fees alone will not insure quality services, but an inflexible position by state agencies that the cost of a service need not be a factor in determining its price will most certainly impede the development of quality services.

The state agency should assume the responsibility to pay all reasonable costs of serving clients who have been referred for service. The state and federal governments have allotted funds to the state agency for the purpose of providing service to clients; it is not reasonable for the state agency to expect community programs, often supported by donations, to cover the costs of these services. The services needed by state agencies for vocational rehabilitation differ in some respects from the services provided to other sheltered employment clients. State agencies, for example, may need evaluation services to assist them in determining an applicant's eligibility under the Social Security Act. These types of evaluations are usually not included in the objectives set by the governing boards of most community workshops. The state agency should be responsible for costs associated with establishing and operating these particular services if they are established and operated at the request of the state agency.

Conversely, unreasonable requests for payment by facilities and fee schedules that attempt to recover far more than the actual cost of rehabilitation services will further damage relationships. Facilities that expect state agency fees to cover all overhead costs, including costs not related to the rehabilitation services being purchased, are likely to find that they have priced themselves out of the market.

As a minimum, facility directors should be able to distinguish between rehabilitation costs and production costs. They should be able to document the cost of each service provided by their facility. They need this information not merely for the establishment of a basis for an equitable rate schedule, but also for planning and administrative policy setting.

There is no longer any reason for a facility to be unable to determine its actual cost of providing services. Assistance in developing and installing adequate accounting systems is available through the Federal Technical Assistance program or by contacting the state facilities specialist.

REFERENCES

Dolnick, M. M. Fees for rehabilitation and treatment center services. Physical Therapy Review, 1956, 36(11), 1-4.

Galazan, M. M. Fiscal relationships between state vocational rehabilitation agencies and private rehabilitation facilities. In S. J. Smits (Ed.) Training manual of the national institute on the interdependency of rehabilitation facilities, workshops, and state agencies. Proceedings of national institute sponsored by Rehabilitation Services Administration, Department of Health, Education, and Welfare. University of Maryland, 1967.

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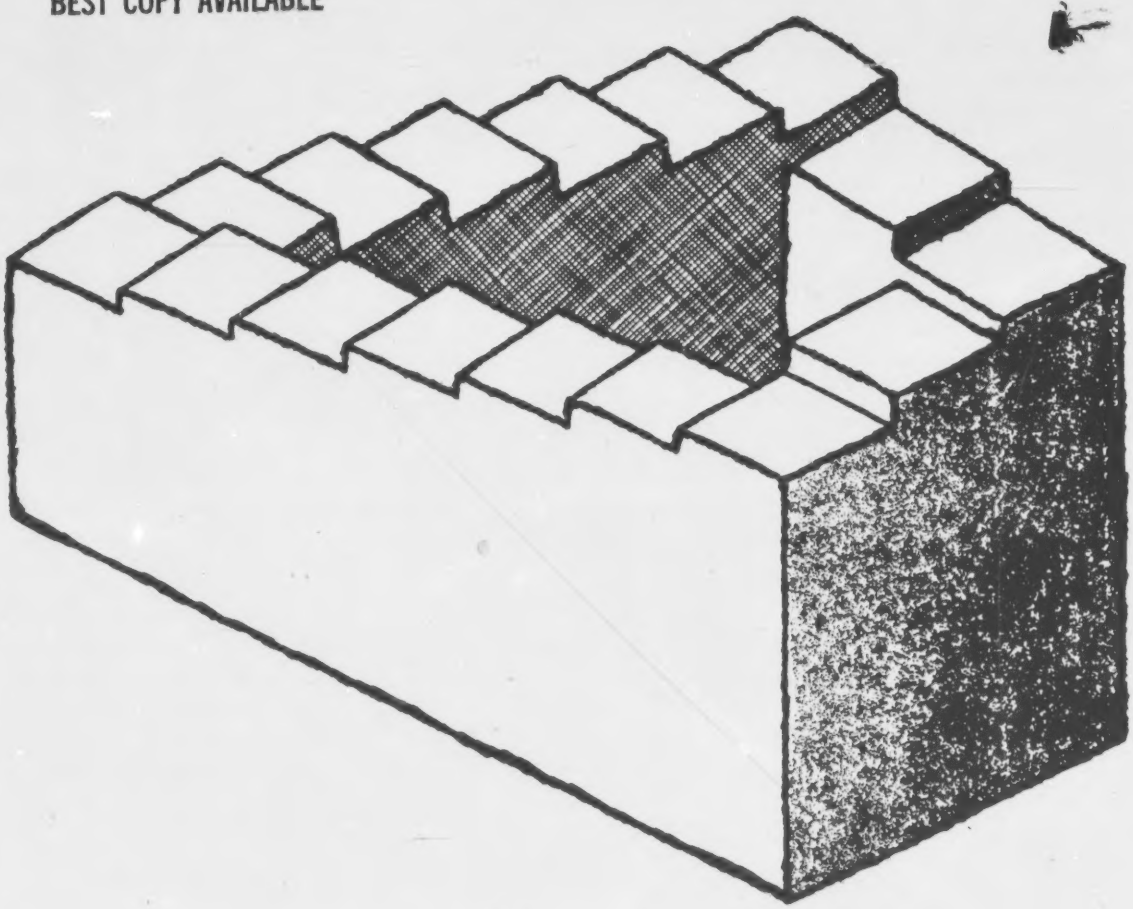

IS THE AREA ASSIGNED FOR USE
FREE FROM ARCHITECTURAL BARRIERS ?

CHAPTER IX

CHECKLIST GUIDES

This Checklist can be beneficial to state facility specialists or supervisors in reviewing the kinds of services offered by facilities within the state. Referring counselors often will not have the time to study each facility. Should the facility specialist, however, have reviewed the facility program, the referring counselor can consult, or work along with, the facility specialist in order to identify those facilities that could provide the appropriate and the most beneficial services for clients.

The purpose of this guide is to provide a method of systematically determining what types of Vocational Evaluation and Work Adjustment Services are furnished by rehabilitation or related programs.

The Checklist, which accompanies this guide, is not intended as an evaluative tool, but more as a logistic and explorative instrument. This caution is essential, for there are as yet no fully documented research studies to support a specific set of standards for the operation of a vocational evaluation and work adjustment services program. There are guidelines, however, as established by the Fourth Institute on Rehabilitation Services (1966), as well as some preliminary standards established by other organizations or groups.

Various other individuals and programs have put forth criteria for providing vocational evaluation and/or adjustment services. Many of these criteria have been reviewed and selected items have been incorporated into the structure of the Checklist Guide to Vocational Evaluation and Work Adjustment Services.

The primary function of the checklist is to supply an instrument that could be used to study the elements and structure of a vocational evaluation and adjustment services program, and to enable the reviewer to log or record the components of the services.

The effective and appropriate utilization of the checklist is based on several assumptions:

1. That no one facility provides all the best vocational evaluation and adjustment services.

2. That the referring counselor, evaluator, or responsible individual is motivated to provide the best possible services for his client. This is reflected by:

a. His effort to identify some of the client's major obstacles to rehabilitation, such as: inability to get along with others, poor social habits, poor work habits, no vocational skills.

b. His effort to study the program of service available.

c. His effort to effectively match those programs that provide the services which will best meet the identified needs of the client.

The checklist, then, is like a map. The responsible individual identifies what he would like to accomplish with his client, and the checklist will direct him to the center or program where the probability for success is greatest.

In some instances there may be only one center or facility available for use. The need for a checklist in this situation is even more essential. It behooves the referring agency to know that certain types of services are not available, and the checklist provides for a systematic study of the program.

In the event that there are a sizable number of services and programs available, the referring counselor need not study them all. Several individuals could each study one or two programs and then exchange information in the checklist format.

An additional caution should be noted. The checklist should not be presented as an evaluative tool designed to determine the quality of the services. Its very nature, however, should enable the referring counselor and the program director or evaluator to communicate more effectively regarding the types of services desired and those available. A natural consequence of this dialogue would lead to the evaluation of the effectiveness of these services. One alternative would be to have the evaluator and the referring counselor complete the checklist independently, and then cooperatively discuss their findings.

As the individual becomes familiar with the checklist, he may wish to establish certain patterns of services listed so as to correspond to similar problem cases. For example, a mentally retarded client who has some personal and social adjustment problems would fare better in a center or facility that provides the appropriate psychological instruments to assess his intellectual potential, aptitudes, and interests. Appropriate diagnostic instruments in this case include psychological tests that do not require a high reading level. Unfortunately it is not uncommon to find vocational evaluation programs that routinely provide a battery of psychological tests, without first determining if the client has the appropriate reading level for these tests.

Likewise, this same mentally retarded client should have the opportunity to develop good personal and social adjustment, and

the facility or center selected should have a program of adjustment services to meet this client's needs. If at all possible, specific adjustment problems should be identified so that the appropriate services in the facility or center can be pinpointed.

Frequently, when all the services needed for the client are identified, there is no one program or center that can fill all the needs. The process then becomes one of selecting the most appropriate program of services available for a particular client.

The checklist should be as dynamic as the program it represents. New or expanded programs and new staff should be added to update the program of services.

About this time, the referring counselor or another responsible individual might ask, "Is it really necessary to go through all this trouble of making checklists and studying programs of services? I've been getting some good results with the centers I use." Questions like this are difficult to answer, especially when most counselors are already overloaded and just don't have the time for additional extra-curricular activities. Perhaps the best way to answer this question takes us back to the second assumption: that the referring counselor, evaluator, or responsible individual is motivated to provide the best possible services for his client.

The following questions or statements should be reviewed and evaluated by the referring counselor. Based on his analysis, he may or may not wish to use an approach such as a checklist to improve his understanding of a program of vocational evaluation and/or adjustive services.

1. Generally when a client is referred for vocational evaluation all other attempts outside of a center or facility have either been unsuccessful or unfeasible. Frequently the facility or center program is the client's last chance. It should be the best possible one.

2. Has your follow-up or follow-along of clients been thorough enough to determine the effectiveness of the services you provide for the clients?

3. Do you frequently find that a vocational evaluation program does not provide you with the information you need; or that an adjustment services program does not provide for the needs of your clients?

4. Are you aware of all the service available in vocational evaluation and adjustment at the facilities where you normally refer your clients?

USE OF THE CHECKLIST

Although the checklist was originally designed for use by counselors referring clients to rehabilitation facilities, it can also be used as an in-house review of services offered in vocational evaluation and work adjustment.

The checklist has been so designed that an affirmative response indicates a desired or beneficial aspect of the program. Certain questions, however, are not clear-cut and need to be interpreted in light of the assets and limitations of the facilities and/or their staff. In addition, the items on the checklist do not carry equal weight; some are more critical than others. There are as yet no generally accepted specific standards as to what constitutes an adequate vocational evaluation or work adjustment program; and until such standards are established and accepted, the weight or value of a service component cannot be arbitrarily assigned.

REFERENCES

U.S. Department of Health, Education and Welfare, Vocational Rehabilitation Administration. Guidelines for organizing vocational evaluation units: A training guide. Fourth Institute on Rehabilitation Services, Washington, D.C.: U.S. Government Printing Office, 1966.

CHECKLIST GUIDE TO VOCATIONAL EVALUATION

Counselor: _____

Name of Facility: _____

Location: _____

_____

Date: _____

GENERAL CHARACTERISTICS

1. Is there an area within the facility designated exclusively for providing vocational evaluation services?

2. Is the physical size of the evaluation unit adequate to handle the number of clients assigned to evaluation? (Average 100 sq. ft. per client)

3. Is a private office available for the evaluator to speak confidentially to clients or to consultants?

4. Is the evaluator's desk arranged to that he can readily observe clients at the various work stations?

5. Is the area assigned for use in evaluation free from architectural barriers?

6. Is there sufficient lighting in the vocational evaluation area?

7. Is a soundproof or quiet testing room available if psychological tests are administered?

8. Are the client case records and data sheets used by the evaluator kept in a secure place when not in use?

9. Are psychological tests, manuals, scoring keys and related material stored under lock and key?

POLICIES AND PROGRAM

10. Does vocational evaluation have the same administrative line status as other programs in the facility?

11. Are the objectives and goals of the vocational evaluation program stated in writing?

12. Does the facility have a flow chart or plan of services that clearly specifies service components, and demonstrates how, and in what sequence, vocational evaluation services are performed?

13. Have criteria for accepting clients into the evaluation program been established based on the facility limitations and assets?

14. Is there evidence that only those clients who are within the capabilities of the program are accepted into vocational evaluation?

15. Is access to client records limited to professional staff providing direct services to the client?

16. Is there evidence from the case file that the coordination and management of each client's program is conducted in a systematic and comprehensive manner?

17. Is there evidence that the overall vocational evaluation program is reviewed periodically so as to incorporate new strategies?

18. Are adequate funds available to the evaluation unit for purchasing appropriate psychological tests or for the development and construction of work or job samples?

19. If the facility indicates the availability of evaluation services for the following listed handicapping conditions, is there any evidence of special psychological testing or multiple strategies for evaluating:

    A. Disadvantaged
    B. Blind
    C. Deaf
    D. Mentally Retarded

20. Is there at least one full-time vocational evaluator in the program?

21. Does the evaluator have responsibilities other than vocational evaluation, e.g., placement, administration, workshop supervision, etc.?

22. Is there at least one full-time vocational evaluator for every six clients in evaluation? (This is not a standard figure, but is relative to the client population and the technique of evaluation emphasized.)

23. Are evaluator aides used to perform the more routine activities in vocational evaluation?

24. If there is more than one evaluator (full or part time), is there a supervisor in charge of the vocational evaluation program?

25. Does the evaluation staff meet the standards as recommended by the state agency?

26. Has the evaluator received formal academic training in evaluation?

27. Is there an organized, in-service training program for new evaluators?

28. Have job descriptions for all staff in vocational evaluation been prepared?

29. Is there a structured formal system within the facility for rating the effectiveness and performance of the vocational evaluation staff?

30. Is adequate time provided for vocational evaluators to review current literature and research in vocational evaluation?

31. Are vocational evaluation staff free and encouraged to participate in local or regional conferences related to vocational evaluation?

32. Do the evaluators belong to the Vocational Evaluation and Work Adjustment Association?

33. Are the staff of the vocational evaluation unit familiar with the code of ethics regarding testing and confidentiality of information?

INFORMATION PRIOR TO EVALUATION

34. Does the evaluator establish a case file for each client assigned to vocational evaluation?

35. Does the policy of the facility insure that adequate referral information is obtained prior to admitting the client to evaluation?

36. Does the evaluation unit request the following referral data prior to accepting the client or beginning the evaluation?

    A. Purpose or objectives of evaluation.
    B. Specification of primary and secondary handicapping conditions.
    C. General medical examination.
    D. Information on social and family background.
    E. Previous work history.
    F. Psychological examination.
    G. Information on behavioral problems.
    H. Previous educational records (school transcripts, military training, trade or technical school, on-the-job training, etc.)
    I. _____

37. Is a standard data sheet used to store basic information on the client in evaluation?

38. Is an orientation to vocational evaluation services routinely provided for new clients?

39. Does each client have an intake interview?

40. Are staff conferences routinely conducted to review client progress and problems?

41. Is information on meetings, staffings, and client progress routinely recorded in the client's file? (Check "daily log" record in case file.)

42. Is there evidence in the evaluator's report that communication and cooperation with other programs in the facility (when appropriate) have been established?

43. Are referral counselors invited to participate in case conferences?

44. Does the evaluator maintain a continuous record of the client's performance, behaviors, and other factors that could relate to vocational potential or objectives?

45. Is there evidence that, throughout the evaluation process, the client is involved in the decision-making process?

46. Does the vocational evaluation program provide for the involvement of the family?

47. Are the client's social skills evaluated? (Ability to get along with others, interpersonal skills, etc.)

48. Are the client's reading abilities evaluated prior to administering paper and pencil tests?

49. Is the client's tolerance for work or physical capacities evaluated? (Standing, stooping, bending, walking, lifting, etc.)

50. Are the client's basic educational problems and the need for remedial education identified?

51. Is the client's attitude toward work identified?

52. Are the client's personal adjustment problems identified? (Grooming, hygiene, sex information, etc.)

53. Is the client in evaluation fully aware of his program goals? (It may be necessary to talk to a few clients to answer this.)

54. Is there evidence that original referral information is used in developing the client's program of service?

55. Are the client's assignments related to the estabished plan and goals of the evaluation?

56. Prior to any change in the client's status, are the reasons for the change first reviewed with the referring counselor and the client?

57. Are clients who are assigned to evaluation on a full-time basis under continuous supervision within the evaluation unit or in other areas where their evaluation is being explored?

58. Are there periods of time in the evaluation program set aside for the referral counselor to talk with his client and/or vocational evaluator?

59. List the standardized psychological tests or inventories commonly used in the vocational evaluation program:

Intelligence Tests:

_____

_____

_____

_____

Aptitude Tests:

_____

_____

_____

_____

Personality or Behavioral Inventories:

_____

_____

_____

_____

Interest Inventories:

_____

_____

_____

_____

Dexterity Tests:

_____

_____

_____

_____

60. Do all new clients receive a standard or core battery of psychological tests?

61. Does the evaluator have the necessary training and competencies to interpret the psychological tests routinely administered in the evaluation program?

62. List the job or work samples available within the evaluation units.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

63. Are job samples administered and scored in a standardized manner?

64. Do the job samples used in the evaluation program have relevance to the major occupational industries or businesses of the area or region?

65. Is there evidence that an attempt is made to account for the physical capabilities of the client in relation to his performance on job samples or related activities?

66. Are the evaluators trained in the use of the Dictionary of Occupational Titles?

67. Is there evidence that the evaluators use the Dictionary of Occupational Titles?

68. Is an occupational informational library available for client use?

69. Which of the following services are provided as part of the overall program or on a consultive basis?

A. Physical Medicine
B. Psychiatric
C. Psychological
D. Speech & Hearing
E. Nursing
F. Occupational Therapy
G. Physical Therapy
H. Social Work
I. Counseling
J. Vocational Evaluation

K. Adjustment Services
L. Placement
M. Remedial Education
N. Vocational Instruction or Training
O. Workshop Employment

70. List the areas of vocational instruction or training offered by the facility:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

71. Is there evidence of the use of vocational training areas within the facility for job tryout evaluation?

72. Is there evidence of on-the-job evaluations outside the facility? (Service stations, grocery, etc.)

73. Is a formal evaluation report submitted to the referral agency or counselor by the evaluator?

74. Does the referring counselor or agency receive an evaluation report within three weeks after the evaluation is completed?

75. Does the evaluation report provide answers to the basic questions raised by the referring counselor?

76. Are there periodic written reports to referring counselors in long term or extended evaluations?

77. Does the evaluation report routinely provide recommendations for:

A. Social Adjustment Services
B. Personal Adjustment Services
C. Work Adjustment Services
D. Vocational Training
E. On-The-Job Training

F. Placement
G. Remedial Education
H. Workshop Employment

78. Is follow-up information by the referring counselor or agency routinely provided to the evaluation unit?

CHECKLIST GUIDE TO WORK ADJUSTMENT SERVICES

Counselor: _____

Name of Facility: _____

Location: _____

_____

Date: _____

GENERAL CHARACTERISTICS

1. Does the policy of the program insure that only those clients are accepted into work adjustment services who have specific identified problems to resolve (based on prescription or information obtained from vocational evaluation report or case conference)?

2. Does the facility have an overall flow chart or plan of work adjustment services that clearly specifies:

   A. Service components
   B. Interdepartmental relationships
   C. Sequence of adjustment services

3. Are there designated programs within the facility that provide work adjustment services? (If yes, list these programs.)

   _____

   _____

   _____

   _____

4. Does each of the areas just listed have a written description or curriculum outline of the specific adjustment services offered?

5. Is there a full-time staff member in charge of coordinating adjustment services?

6. Does the coordinator of adjustment services (or client counselor, case manager, etc.) establish and maintain a case file on each client receiving adjustment services?

7. Is the client informed on the nature and reason for the adjustment service provided?

8. Are staff conferences conducted periodically to review client progress or problems?

9. Is information from meetings, staffings, or case conferences routinely recorded in the client's case file?

10. Has some standardized form for rating client change or progress while in adjustment services been developed or adopted?

11. Are production records maintained and available to document client's progress?

12. Are adjustment services staff represented in vocational evaluation case conferences?

13. Is an adjustment services final report written on each client?

14. Does the adjustment services program provide for the involvement of the family?

15. Is individual counseling used as a technique in adjustment services?

16. Is small group counseling used as a technique in adjustment services?

17. Is a form of the behavior change process (behavior modification) used in adjustment services? (If yes, please specify type or types.)

_____

_____

_____

_____

18. Is there evidence that a program of services is outlined or written for each client once he is accepted for adjustment services?

19. Is there evidence in the case folder that the outlined or written program of services for the client is being followed?

20. Is there a periodic review of the adjustment services program so as to incorporate new strategies or to develop, modify, or delete portions of the services?

21. When essential, do all staff involved with a particular client's adjustment problems participate in the case conference? (e.g., an attitude therapy program)

22. Does the program of adjustment services provide for the development of the client's physical tolerances and capacities? (e.g., extend range of motion, tolerance for sitting, etc.)

23. Does the adjustment service program provide any of the following educational services:

    A. Remedial education (English, math, reading, language, art, etc.)
    B. Adult education (Basic)
    C. High school equivalency preparation

24. Does the adjustment services program provide for information or training in any of the following areas of personal adjustment:

    A. Grooming and cleanliness
    B. Sex education
    C. Health and hygiene

D. Clothing and dress
E. Motivation
F. Other _____

25. Does the adjustment services program provide for participation information or training in any of the following areas of social adjustment?

A. Etiquette and manners
B. Getting along with others
C. Dating
D. Recreation (organized)
E. Social events (picnics, parties)
F. Other _____

26. Does the adjustment services program provide for information or training in any of the following areas of life adjustment?

A. Community resources
B. Budgeting
C. Transportation
D. Legal rights and the law
E. Banking and checking accounts
F. Taxes (income, state, other)
G. Leisure time activities
H. Food and nutrition
I. Buying and selling (auto, home, etc.)
J. Safety
K. Other _____

27. Does the adjustment services program provide for information or training in any of the following areas of work adjustment?

A. Job readiness (interviewing, completing job applications, etc.)
B. Work habits (promptness, punching in and out, etc.)
C. Attitude toward work
D. Developing work skills (workshop or other setting)
E. Developing work tolerances (concentration, etc.)
F. Ability to follow directions
G. Ability to get along with fellow employees
H. Ability to get along with employer
I. Other _____

28. Are audiovisual materials used in the adjustment services program to facilitate communication?

29. Are techniques such as role playing or simulation used in the adjustment services program?

30. Is client follow-up information routinely provided to the staff in adjustment services?

31. Is there evidence that follow-up information is used in adjustment services to modify or improve the program?

Appendix A

SELECTED BIBLIOGRAPHY

Arkansas Rehabilitation Research & Training Center. Evaluation for rehabilitation potential: A workshop for experienced evaluators. Hot Springs, Arkansas: Author, 1965.

Arkansas Rehabilitation Research & Training Center. Vocational evaluation: A challenge to the field counselor. Hot Springs, Arkansas: Author, 1965.

Bregman, M. The use and misuse of vocational evaluation in the counseling process. Vocational Evaluation and Work Adjustment Bulletin, 1968, 1(2), 6-8.

Button, W. H., Kimberly, J. R., Lubow, B. T., & Kimberly, R. P. A conceptual framework for the analysis of work behaviors in sheltered workshops. Ithica, N.Y.: Region II Rehabilitation Research Institute, Cornell University, n.d.

Campbell, J. L. & O'Toole, R. Work adjustment: A dynamic rehabilitation process. Cleveland, Ohio: Vocational Guidance & Rehabilitation Services, n.d.

Couch, R., & Brabham, R. Evaluation staff conference. Vocational Evaluation & Work Adjustment Bulletin, 1970, 3(3), 11-14.

Dunn, D. J. Work adjustment, work evaluation, and employability. Vocational Evaluation and Work Adjustment Bulletin, 1971, 4(2) 11-15.

Dunn, D. J. Work and behavior change. Journal of Rehabilitation, 1971, 37(4), 22-24.

Fry, R. (Ed.) Work evaluation: An annotated bibliography 1947-1970. Menomonie, Wisconsin: Materials Development Center, Department of Rehabilitation and Manpower Services, University of Wisconsin - Stout, 1970.

Gellman, W. G., Gendel, H., Glaser, N. M., Friedman, S. B., and Neff, W. S. Adjusting people to work. Chicago: Jewish Vocational Service, 1957.

Gellman, W. G. The principles of vocational evaluation. Rehabilitation Literature, 1968, 29(4), 98-102.

Hoffman, P. & Dunn, D. (Eds.) The work adjustment profile. Journal of Rehabilitation, 1971, 37(4)

Hoffman, P. R. Work evaluation: An overview. In J. G. Cull & R. E. Hardy (Eds.) Vocational rehabilitation: Profession and practice. Springfield, Illinois: Charles C. Thomas, 1972.

Linde, F. A manual of work adjustment training. Milwaukee, Wisconsin: Jewish Vocational Service, n.d.

Lofquist, L. H. & Dawis, R. Adjustment to work: A psychological view of man's problems in a work oriented society. New York: Appleton - Century - Crofts, 1969.

Materials Development Center. Selected bibliography on work adjustment. Menomonie, Wisconsin: Department of Rehabilitation and Manpower Services, University of Wisconsin - Stout, 1971.

Miller, L. A. (Ed.) Training materials: Rehabilitation facilities as resources for rehabilitation counselors. Iowa City, Iowa: University of Iowa, 1970.

Miller, M. Work evaluation manual for Goodwill Industries. Washington, D.C.: Goodwill Industries of America, Inc., 1968.

Nadolsky, J. Development of a model for vocational evaluation of the disadvantaged. Auburn, Alabama: Auburn University, 1971.

Pruitt, W. Basic assumptions underlying work sample theory. Journal of Rehabilitation, 1970, 36(1), 24-26.

Pruitt, W. (Ed.) Readings in work evaluation - 1. Menomonie, Wisconsin: Materials Development Center, Department of Rehabilitation and Manpower Services, University of Wisconsin - Stout, 1970.

Pruitt, W. & Longfellow, R. (Eds.) A colloquy on work evaluation. Journal of Rehabilitation, 1970, 36(1).

Pruitt, W. & Pacinelli, R. N. (Eds.) Work evaluation in rehabilitation. Washington, D.C.: Association of Rehabilitation Centers, 1969.

Sankovsky, R. Towards a common understanding of vocational evaluation. Journal of Rehabilitation, 1970, 36(1), 10-12.

Sankovsky, R. Adjustment services in rehabilitation. Journal of Rehabilitation, 1971, 37(4), 8-10.

Schmidt, P. Work adjustment manual for Goodwill Industries. Washington, D.C.: Goodwill Industries of America, Inc., 1968.

U.S. Department of Health, Education, & Welfare, Rehabilitation Services Administration. Guidelines for organizing vocational evaluation units. Fourth Institute on Rehabilitation Services. Washington, D.C.: U.S. Government Printing Office, 1966.

Walker, R. The accountability game. Journal of Rehabilitation, 1971, 37(4), 34-36.

Appendix B

PRIME STUDY GROUP III ROSTER

David L. Mills, Chairman
Chief, Resource Development Unit
Rehabilitation Education and Services Branch
801 Bankers Trust Bldg.
Des Moines, Iowa 50309

Paul Hoffman (University Sponsor)
Chairman, Department of Rehabilitation
and Manpower Services
School of Education
University of Wisconsin - Stout
Menomonie, Wisconsin 54751

Warren Birch (Graduate Assistant)
Department of Rehabilitation and Manpower Services
University of Wisconsin - Stout
Menomonie, Wisconsin 54751

Darrell Coffey (University Rep.)
Department of Rehabilitation and Manpower Services
University of Wisconsin - Stout
Menomonie, Wisconsin 54751

Loerance Deaver, Jr.
Assistant Regional Representative
Rehabilitation Services Administration
1114 Commerce Street - 9th Floor
Dallas, Texas 75202

Michael Dolnick
Chief, Coordinating Facilities Branch
Rehabilitation Services Administration
330 "C" Street, S.W.
Washington, D.C. 20201

Herbert T. Gragert
Coordinator of Facilities
Section of Vocational Rehabilitation
State Department of Education
Farm Bureau Building
1616 Missouri Boulevard
Jefferson City, Missouri 65101

Robert Mayes
Supervisor of Evaluation
Iowa State Vocational Evaluation Center
1029 Des Moines Street
Des Moines, Iowa 50316

Harry McGuire
Assistant Regional Representative
Rehabilitation Services Administration
601 East 12th Street
Kansas City, Missouri 64106

Byron Douglas Rice
Supervisor of Projects
Arkansas Rehabilitation Research and Training Center
Hot Springs Rehabilitation Center
Hot Springs, Arkansas 71901

Ray Sankovsky
Director of Materials Center
Department of Vocational and Adult Education
Auburn University
Auburn, Alabama 36830

Louis Stephens
Wayne County Regional DVR Office
6660 Chase Road
Dearborn, Michigan 48126

James Vail
Director of Evaluation and Training
Goodwill Industries of Cincinnati
10600 Springfield Pike
Cincinnati, Ohio 45215

T. J. Witham
Regional VR Program Specialist
Rehabilitation Services Administration
Social and Rehabilitation Service
300 S. Wacker Street
Chicago, Illinois 60606

Appendix C

STUDY GROUP III MEMBERS

Kenneth G. Allison, State Casework Supervisor
Division of Rehabilitation Services
233 South Tenth Street
Lincoln, Nebraska 68506

D. Allen Brabham, Program Supervisor
Division of Vocational Rehabilitation
725 South Bronough Street
Tallahassee, Florida 32304

Dean Burket
Division of Developmental Disabilities
Rehabilitation Services Administration
Washington, D.C. 20201

Sam S. Burton, Supervisor
Workshops and Facilities
Vocational Rehabilitation
P.O. Box 1698
Jackson, Mississippi 39205

Max Carter, Senior Rehabilitation Counselor
Minnesota Braille & Sight Saving School
Faribault, Minnesota 55021

Roger Decker, Facilities Specialist
Vocational Rehabilitation Division
64 North Main Street
Concord, New Hampshire 03301

Altamont Dickerson, Director
Rehabilitation Facilities
Department of Vocational Rehabilitation
4615 West Broad Street
P.O. Box 11045
Richmond, Virginia 23230

David DiTullio, Facilities Specialist
Massachusetts Rehabilitation Commission
296 Boylston Street
Boston, Massachusetts 02116

A. J. Dixon, Director
Special Services
Vocational Rehabilitation
P.O. Box 44371
Baton Rouge, Louisiana 70804

Fred Driver, Assistant Director
Division of Rehabilitation Facilities
270 State Office Building
Atlanta, Georgia 30334

Martin J. Eft, Area Supervisor Facilities
Division of Vocational Rehabilitation
819 North 6th Street
Milwaukee, Wisconsin 53203

Allan Free, Supervisor
Contractual Agreements
1028 Illinois Building
Indianapolis, Indiana 46204

Charles Freeman, Supervisor
Rehabilitation of the Blind
Bureau for the Blind
State Office Building
Jefferson City, Missouri 65101

Thomas R. Gaines, Supervisor
Workshop Services
Division of Vocational Rehabilitation
Department of Public Instruction
Raleigh, North Carolina 27602

Paul Glatz, Supervisor of Training
Michigan Rehabilitation Center for the Blind
1541 Oakland Drive
Kalamazoo, Michigan 49001

Robert Gnidziejko, Supervisor of Evaluation
Maryland Rehabilitation Center
2301 Argonne Drive
Baltimore, Maryland 21218

Gordon Grabhorn, Supervisor of
Vocational Rehabilitation Services
Division of Services for the Blind
and Visually Handicapped
State Department of Social Welfare
State Office Building
Topeka, Kansas 66612

Robert Granzeier, Acting Facilities Supervisor
Division of Vocational Rehabilitation
227 South Seventh Street
Springfield, Illinois 62706

Eugene Grater, Assistant Supervisor
Vocational Rehabilitation Service
621 South 18th Street
Birmingham, Alabama 35223

Charles Guyler, Facilities Consultant
Maine Bureau of Rehabilitation
32 Winthrop Street
Augusta, Maine 04330

Robert F. Hawkins, Supervisor of Training Centers
Division of Vocational Rehabilitation
1808 West End Building, Room 1400
Nashville, Tennessee 37203

Stephen King
Vocational Evaluation Service
West Virginia Rehabilitation Center
Institute, West Virginia 25112

James McClary, Supervisor
Workshops and Facilities Division
Vocational Rehabilitation Department
2303 Devine Street
Columbia, South Carolina 29205

Ken Meiske, Facility Specialist
State Commission for the Blind
P.O. Box 12866
Austin, Texas 78711

T. V. Murphy, Supervisor
Workshops and Facilities
Services for the Blind
Department of Public Welfare
State Office Building
Nashville, Tennessee 37219

Raymond Nance, Field Coordinator
Rehabilitative Services
Department of Institutions, Social
and Rehabilitative Services
P.O. Box 25352
Oklahoma City, Oklahoma 73125

Jerry Nichols, Supervisor of Field Services
Rehabilitation Services for the Blind
900 West 4th Street
Little Rock, Arkansas 73501

Dick Noid, Vocational Rehabilitation Counselor
Battle Creek District Office
1346 West Columbia
Battle Creek, Michigan 49015

Robert O'Connor, Rehabilitation
Specialist for Facilities
Division of Vocational Rehabilitation
State Department of Education
1745 University Avenue
St. Paul, Minnesota 55104

Thurber W. Owens, Supervisor
Facility Consultation and Planning
Rehabilitation Services
211 Broadway, Room 227
Little Rock, Arkansas 72201

William M. Rabucha, Program Supervisor
Division of Vocational Rehabilitation
725 South Bronough Street
Tallahassee, Florida 32304

George Saiki
Division of Vocational Rehabilitation
Minot Federal Savings & Loan Association Building
Minot, North Dakota 58701

Jesse L. Sherrill, Rehabilitation
Specialist for Research
Raleigh Lions Clinic for the Blind
315 Hubert Street
Raleigh, North Carolina 27603

Ray Vaughn, Program Specialist
Facilities Section
501 Medical Park Tower
1301 West 38th Street
Austin, Texas 78705

Ken Wilson, Supervisor
Roswell Evaluation Center
Division of Vocational Rehabilitation
Roswell Industrial Arts Center
Roswell, New Mexico 88201

7500-27-3K30008